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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000104660

1. Corporation Name
ACCESS FREEDOM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2703 ARLEX DR. E. JACKSONVILLE FL 32211
Mailing Address: 2703 ARLEX DR. E. JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 12/17/1998

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-3547653
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation owes the current year Intangible Personal Property Tax: Yes No (checked)

9. Name and Address of Current Registered Agent
PACK, RONNIE E
3703 ARLEX DR. E.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Each row contains fields for Title, Name, Street Address, and City-ST-ZIP, with checkboxes for 'DELETE', 'Change', and 'Addition'.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronnie E. Pack* DATE: 20 FEB 1999 DAYTIME PHONE: (904) 463-5089

CR2E034 (1/98)