SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74309** **(3)**

1. Corporation Name
RICHARD FREEDMAN AND ASSOC., INC.

Principal Place of Business	Mailing Address
15951 SN 79 COURT MIAMI FL 33157 US	15951 SN 79 COURT MIAMI FL 33157 US

2. Principal Place of Business	2a. Mailing Address
21 2075 Polo Gardens Drive	26 2075 Polo Gardens Drive
Suite, Apt #, etc. 22 101	Suite, Apt #, etc. 27 101
City & State 23 Wellington	City & State 28 Wellington
Zip 24 33414 Country 25 US	Zip 29 33414 Country 30 US

3. Date Incorporated or Qualified: 08/16/1991
3a. Date of Last Report: 08/03/1995
4. FEI Number: 65-0279484 — Applied For ☐ Not Applicable ☑
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
FREEDMAN, DEBORAH
15951 S.W. 79 CT
MIAMI FL 33189

10. Name and Address of New Registered Agent
81 Name *
82 Street Address (P.O. Box Number is Not Acceptable) 2075 Polo Gardens DRIVE
83 Unit # 101
84 City Wellington FL 85 Zip Code 33414

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 _____ 7/31/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	FREEDMAN, RICHARD	
STREET ADDRESS	15951 SW 79 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VSD	☐ DELETE
NAME	FREEDMAN, DEBORAH	
STREET ADDRESS	15951 SW 79 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	2075 Polo Gardens Drive #101	
14 CITY-ST-ZIP	Wellington, Fla 33414	
21 TITLE		☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	2075 Polo Gardens Drive #101	
24 CITY-ST-ZIP	Wellington Fla 33414	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/31/96 (561)793-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone