FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(0)V60896

FREEDOM GROUP-NAPLES MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
1401 MANATEE AVENUE WEST	1401 MANATEE AVENUE WEST
SUITE 600	SUITE 600
BRADENTON FL 34205	BRADENTON FL 34205

FILED May 11 1998 8:00am Secretary of State



	ce of Business	Mailing Address			I LOBIN BINDIN SALIA BONDI ADINE NONE		
	EE AVENUE WEST	-	1401 MANATEE AVENUE WEST				
SUITE 800 BRADENTON FL 34205		SUITE 800					
		Bradenton FL 34205	BRADENTON FL 34205		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	1	
2 Principal P	Place of Business	2a. Mailing Address	~		08/31/1992 4. FEI Number		Analiant For
<u> </u>	lace or business	26. Maning Address				-	Applied For Not Applicable
Suite Ant	# etc	Suite, Apt. #, etc.			65-0366235		75 Additional
 		27	r, u (c.		5. Certificate of Status Desired		ee Required
City & Stat	le	City & State			6. Election Campaign Financing	¢.	.00 May Be
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	,	B. This corporation owes or has p		
24	25	29	30		Personal Property Tax due Jur	-4./	□ Ño
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	Registered Agent	
PA	TTERSON, GREGORY L.		81	Name			
	OI MANATEE AVENUE WEST		82	82 Street Address (P.O. Box Number is Not Acceptable)		ahla)	
	NTE 800		OZ SIBBLAC				
	ADENTON FL 34205		83			,	
			84	City		1221	Zip Code
			84	City		FL 85	zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the abov	e-named cor	rporation submits this statement for the	purpose of chang	ing its registered
office or i	registered agent, or both, in the St	ate of Florida. Such change was digations of Section 607.0505.	s authorized by Florida Statute	y the corpora	ation's board of directors. I hereby acc	ept the appointme	nt as registered
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	an formal with one accept the on	angulario di, babileri bar ibabar	i iona diatata	a.			
SIGNATURE	Signature, typed or printed name of registered				uired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered					DATÉ	CTORS IN 12
	Signature, typed or printed name of registered	agent and title if applicable (No	OTE Registered Ag		uired when reinstating)	DATÉ	
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (N	OTE Registered Age		uired when reinstating)	DATE FICERS AND DIREC	
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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 attachood with an address.

SIGNATURE: