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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **V73097**

(0)

FREESTYLE DESIGNS, INC.

Principal Place of Business

Mailing Address



17652 C ASHBOURNE LANE BOCA RATON FL 33496			17652 C ASHBOURNE LANE BOCA RATON FL 33496				
2 Delegated 51	ooo of During				3. Date Incorporated or Qualified 10/21/1992	3a. Date of L 07/27	ast Report //1995
21	ace of Business ASABOUC	20	480 VC	•	4. FEI Number 65-0372389		Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, ε	etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	у	This corporation has liability for in Florida Statutes Yes	₩o	
	9. Name and Address	s of Current Registered Agent			10. Name and Address of New Re	egistered Ager	nt
VALINA	LIAIDA		81	Name			
YOUNG, LINDA 17652 C. ASHBOURNE LANE BOCA RATON FL 33496			82		ddress (P.O. Box Number is Not Acceptable)		
DUCA K	ATON FL 33496		83	'			
11 Diversent to	a the are from at D. F.		84	1 ''		FL 85	1 '
or registere familiar wit	o the provisions of Section ed agent, or both, in the S h, and accept the obligation	is 607.0502 and 607.1508, Florida S tate of Florida. Such change was au ons of, Section 607.0505, Florida Sta	Statutes, the above- ithorized by the corp atutes.	named corpo poration's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	oose of changing intment as regis	g its registered office tered agent. I am
SIGNATURE _		· ·					
CONTROLL _							
	Signature, typed or printed name of i	registered agent and title if applicable.	(NOTE: Registered Age	nt signature require		DATE	· · · · · · · · · · · · · · · · · · ·
12.	Signature, typed or printed name of a OFF	FICERS AND DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
12. TITLE	Signature, typed or printed name of i OFF		13. 1.1 TI"LE				
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Ido 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). Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE

SHATURE AND TYPED OR PHINTED HAME OF SAME OFFICER OR DIRECTOR

4/24/96 407-994-8167