

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:27

DOCUMENT # **343899** (1)

1. Corporation Name
7200 CORP

Principal Place of Business
**2775 W. OKEECHOBEE RD.
HIALEAH FL 33010**

Mailing Address
**2775 W. OKEECHOBEE RD.
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/02/1969** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-1263902** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRUSSIN,RUBIN
2775 W OKEECHOBEE RD
HIALEAH FL 33010**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent (omit title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Rubin D. Prussin **RUBIN D. PRUSSIN** 1/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PRUSSIN,RUBIN
STREET ADDRESS	2775 W. OKEECHOBEE ROAD
CITY - ST - ZIP	HIALEAH FL
TITLE	D
NAME	PRUSSIN, OTTILIE
STREET ADDRESS	2775 W. OKEECHOBEE ROAD
CITY - ST - ZIP	HIALEAH FL
TITLE	ST
NAME	GINSBURG,MURRY
STREET ADDRESS	2775 W. OKEECHOBEE ROAD
CITY - ST - ZIP	HIALEAH FL
TITLE	D
NAME	GINSBURG, MURRY
STREET ADDRESS	2775 W OKEECHOBEE ROAD
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), Florida Statutes. I further certify that the information included 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 in ink and 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 my address.

SIGNATURE:

Rubin D. Prussin **RUBIN D. PRUSSIN** 1/26/95 305-887-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR