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Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1969
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1263902
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country		29 Country
24 Zip		30 Zip

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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: *Rubon D Prussin* *Rubon D Prussin* *1/15/98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRUSSIN,RUBIN	1.1 TITLE	
NAME	PRUSSIN,RUBIN	1.2 NAME	
STREET ADDRESS	2775 W. OKEECHOBEE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	D PRUSSIN, OTTILIE	2.1 TITLE	
NAME	PRUSSIN, OTTILIE	2.2 NAME	
STREET ADDRESS	2775 W. OKEECHOBEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	
TITLE	ST GINSBURG,MURRY	3.1 TITLE	
NAME	GINSBURG,MURRY	3.2 NAME	
STREET ADDRESS	2775 W. OKEECHOBEE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	3.4 CITY - ST - ZIP	
TITLE	D GINSBURG, MURRY	4.1 TITLE	
NAME	GINSBURG, MURRY	4.2 NAME	
STREET ADDRESS	2775 W OKEECHOBEE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Rubon D Prussin* *Rubon D Prussin* *1/15/98* *305-887-6590*

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0119904

CR2E034 (10/97)