

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

FILED

**Apr 03 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 # 500074
1. Corporation Name: **7-11 SALES INC.**

Principal Place of Business P.O. BOX 811 NYACK NY 10960	Mailing Address P.O. BOX 811 NYACK NY 10960-0811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 NORTH FEDERAL HIGHWAY		2a. Mailing Address 26 900 NORTH FEDERAL HIGHWAY		3. Date Incorporated or Qualified 03/30/1976	
22 SUITE 340		27 SUITE 340		4. FEI Number 13-2930835	
23 BOCA RATON FLORIDA		28 BOCA RATON FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33432 25 33160		29 33432 30 33160		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent UNITED STATES COMPOSITION COMPANY 4201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
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 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: _____ (NOTE: Registered Agent signature required when re-instating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME ACKER, STANLEY	11 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7 EDGEWATER LN	CITY-ST-ZIP 50 NYACK NY	12 NAME	13 STREET ADDRESS 900 NORTH FEDERAL HIGHWAY SUITE 340
TITLE T	NAME ACKER, MARK	14 CITY-ST-ZIP BOCA RATON FL 33160	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 47 TRANQUILITY ROAD	CITY-ST-ZIP SUFFERN NY	22 NAME	22 NAME
TITLE S	NAME ACKER, DAVID	23 STREET ADDRESS	23 STREET ADDRESS
STREET ADDRESS 24 HOLLIS DR	CITY-ST-ZIP HOBOKEN NJ	24 CITY-ST-ZIP	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME ACKER, KAREN	32 NAME	32 NAME
STREET ADDRESS 2 BURD ST APT 3101	CITY-ST-ZIP NYACK NY	33 STREET ADDRESS 196 EAST 75TH ST	33 STREET ADDRESS
TITLE	NAME	34 CITY-ST-ZIP NEW YORK NY 10021	34 CITY-ST-ZIP
STREET ADDRESS	NAME	41 TITLE VP	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NAME	42 NAME	42 NAME
TITLE	NAME	43 STREET ADDRESS	43 STREET ADDRESS
STREET ADDRESS	NAME	44 CITY-ST-ZIP	44 CITY-ST-ZIP
CITY-ST-ZIP	NAME	51 TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	52 NAME	52 NAME
STREET ADDRESS	NAME	53 STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	NAME	54 CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	62 NAME	62 NAME
CITY-ST-ZIP	NAME	63 STREET ADDRESS	63 STREET ADDRESS
	NAME	64 CITY-ST-ZIP	64 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: _____ DATE: **3/17/98** (914) 639-4686

CR2E034 (10/97)