

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:13**

DOCUMENT # J17836 (4)

1. Corporation Name
BDL SEVEN, INC.

Principal Place of Business Mailing Address
**% G. EARL JAMES
4367 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308** **% G. EARL JAMES
4367 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/05/1986 **01/24/1994**

4. FEI Number Applied For
59-2685795 Not Applicable

5. Certificate of Status Desired **\$6.75** 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

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9. Name and Address of Current Registered Agent

**JAMES, G. EARL
4367 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308**

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 _____ (Signature of agent or printed name of registered agent and title of applicant) _____ (Registered Agent signature required when residing in state)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, G. EARL	1.2 NAME	
STREET ADDRESS	4367 N. FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELEJESKI, JOHN, JR.	2.2 NAME	
STREET ADDRESS	4367 N. FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 Sections 110.07(2)(b), 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 4807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *John Bielejeski, Jr. Director Jan 9 1995*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN BIELEJESKI JR. DIRECTOR 305 772 222