

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J91378 (6)

1. Corporation Name

SEVEN TO NINE, INC.

Principal Place of Business

711 NORTH STATE ROAD 7
MARGATE FL 33063-4566

Mailing Address

711 NORTH STATE ROAD 7
MARGATE FL 33063-4566



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/04/1987	3a. Date of Last Report 01/17/1995
4. FEI Number 59-2844365	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	

9. Name and Address of Current Registered Agent

SHAH, ASHWIN R.
SEVEN TO NINE, INC
711 N.S.R. 7
MARGATE FL 33063

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 person submitting this report is the same as the signature of the registered agent.

(P.O. Box Registered Agent signature required when no state agent.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	SHAH, ASHWIN R.	12. NAME	
STREET ADDRESS	6234 NW 1ST ST	13. STREET ADDRESS	
CITY-STATE-ZIP	MARGATE FL	14. CITY-STATE-ZIP	
TITLE	VDS ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	PAREKH, CHITRA	22. NAME	
STREET ADDRESS	6234 NW 1ST STREET	23. STREET ADDRESS	
CITY-STATE-ZIP	MARGATE FL 33063	24. CITY-STATE-ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHWIN R. SHAH - PRES.

2/6/96 (954) 979-8376

Date

Office Phone

CR2E034 (12/95)