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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000015439 (2)

7835 CORP.

Principal Place of Business Mailing Address 1670 BAY DRIVE 1670 BAY DRIVE NORMANDY ISLE NORMANDY ISLE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-4718 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1992 04/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0377420 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MESSINGER, HERBERT J 1670 BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) NORMANDY ISLE. 83 MIAMI BEACH FL 33141-4718 84 City 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 697,0505, Florida Statutes. J. MBGSINGER SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change Addition 1,1 TITLE TILLE MESSINGER, HERBERT J NAME 1.2 NAME 1670 BAY DRIVE, NORMANDY ISLE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 1.4 CITY-ST-ZIP CI*Y-\$1-76 DELETE Change Addition THLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-SI-79 DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP COY-ST-ZIP DELETE 4.1 THILE Change Addition TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 71P DELETE Change Addition 6.1 TITLE THIE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - Z0P 6.4 CITY-ST-ZIP

14. I do hereby certly 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

anged, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAM

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