Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90025 010 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000033331

1. Corporation Name

SEVENTH AVENUE PROPERTY MANAGEMENT INC.

											. 119 <b>1</b> 1   1 <b>11</b> 1   1 <b>21</b> 1
Principal Place	of Business	Mailing Address						,,,,, <b>08</b> ,,,, <b>89</b> ,,	17 48171 88188		
8488 W HILLSBOROUGH AVE 8488 W HILLSBOROUGH AVE			IGH AVE			Ì					
#121		#121		DO NOT WRITE IN THIS SPACE							
TAMPA FL 33615-3808 TAMPA FL 33615-3808			8	ļ			3. Date Incorporated or Qualifed				
					_	05/	07/1993	Qualifeu			
2. Principal Pl	ace of Business	2a. Mailing Address					Number			<u> </u>	plied For
21		26				59	3182055				t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Ceri	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State			6. Elec	tion Campaign Fi	nancing	П	\$5.00	May Be	
23		28			Trus	st Fund Contributi	on	<u></u>	Added to	o Fees	
Zip	Country	Zip	C	ountry		8. This	corporation owe	the curre	ent year Inta		_
24	25	29	30				sonal Property Ta		_		<b>3</b> 6 No
	9. Name and Address of Curren	t Registered Agent				10. Nar	ne and Address	of New R	egistered .	Agent	
1910	TED INICH C			81	Name Hu	uh C.	()NSTER	1			
UMSTED, HUGH C					Street Add	iress (P.O. E		Accepta	ible)	12.10	
C/O BRICK AND DAVIS					THEROX	UNISTOU	Sox Number is No	<u>4                                    </u>	11CE .	ROAD	
9436 REGENCY PARK BLVD.				83	16/6/1	1 DADS	- RICHE	21			l l
PORT RICHEY FL 24668				84	City	- TUNG	1400	7		85 Zip C	Code
								<u>.</u>	FL	546	559
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida 5 of Florida. Such change stions of, Section 607.050	Statutes, the was authoriz 5, Florida St	above ed by t atutes.	-named corporati	poration sub ion's board	omits this stateme of directors. I here	nt for the   ∍by accep	t the appoi	changing its ntment as rec	gistered
SIGNATURE											
	Signature, typed or printed name of registered agen				signature require			0 TO OF	DATE	ID DIDECTO	DC IN 42
12.		ID DIRECTORS	1;		<del></del>	ADD	ITIONS/CHANGE	<u>5 10 0FF</u>	-IUENS AN	☐ Change	Addition
TITLE	P. DOMALD	□ VELE	•	TITLE							
NAME	HERSHBERGER, RONALD			NAME							
STREET ADDRESS	135 BARBOOR DR PITTSBURG PA				ADDRESS						
CITY-ST-ZIP	PITTOBUNG PA	☐ DELE		CITY-ST	-ZIP		<del></del>		<del></del>	[] Change	☐ Addition
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- CITY-ST-ZIP	, 12 14 2	□ DELE		4 CITY-ST	1- UP					Change	Addition
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NAME					ADORESS						
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STREET ADDRESS					ADDRESS						
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CITY-ST-ZIP TITLE		DELE		TITLE	- ===					Change	Addition
NAME.				NAME							
STREET ADDRESS			5.3	STREET	ADDRESS						
CITY-ST-ZIP	. •		5.4	CITY-ST	-ZIP						
TITE		□ DELE		TITLE						Change	Addition

2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP .--