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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 045 ***150.00

FORM 700

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101061

1. Corporation Name
SEVEN NATIONS, INC.

Principal Place of Business P.O. BOX 3666 BRANDON FL 33509-3666	Mailing Address P.O. BOX 3666 BRANDON FL 33509-3666
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6238 Blue Clay Court Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip Country 24 32819 25 Orange	2a. Mailing Address 26 P.O. Box 693 Suite, Apt. #, etc. 27 City & State 28 Winderemere, FL Zip Country 29 34786-0693 30
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3. Date Incorporated or Qualified 12/16/1996	4. FEI Number 59-3449288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCLEOD, KIRK A
8716 SANDBURY
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Kirk A. McLeod	82 Street Address (P.O. Box Number is Not Acceptable) 6238 Blue Clay Court
83	84 City Orlando, FL
85 Zip Code 32819	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCLEOD, KIRK	
STREET ADDRESS	8716 SANDBURY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, NEIL	
STREET ADDRESS	P.O. BOX 3666 N/A	
CITY-ST-ZIP	BRANDON FL 33509-3666	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRUBLE, JIM	
STREET ADDRESS	P.O. BOX 3666 N/A	
CITY-ST-ZIP	BRANDON FL 33509-3666	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kirk McLeod	
1.3 STREET ADDRESS	6238 Blue Clay Court	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Struble	
3.3 STREET ADDRESS	2587 Sigma Court	
3.4 CITY-ST-ZIP	Orange Park, FL 32073	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *[Signature]* **SIGNATURE REQUIRED** 4-28-99 407 248 2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)