

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J11650

(5)

1. Corporation Name

DIVISION 7, INC.



Principal Place of Business

3557 LONE PINE ROAD
DELRAY BEACH FL 33445
US

Mailing Address

3557 LONE PINE ROAD
DELRAY BEACH FL 33445
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

SCHNER, LARRY
1900 GLADES RD.
STE. #355
BOCA RATON FL 33431

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2680186

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

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 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. DP
NAME: HYLINSKI, JAMES M.
STREET ADDRESS: 3557 LONE PINE RD
CITY, STATE, ZIP: DELRAY BCH FL

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME:
1.3 STREET ADDRESS:

1.4 CITY, STATE, ZIP:

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY, STATE, ZIP:

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY, STATE, ZIP:

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY, STATE, ZIP:

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY, STATE, ZIP:

6.1 TITLE: ☐ Change ☐ Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY, STATE, ZIP:

14. I do hereby certify that the information supplied with this report was 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 manager 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 in this report, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 407/276-9600

CR2E034 (12/95)