

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 013 ***150.00

0407259

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 592497

1. Corporation Name

SEVEN RIVERS DEVELOPMENT AND INVESTMENTS CORPORATION

Principal Place of Business

268 S. SUNCOAST BLVD.
P.O. BOX 2229 (32623-2229)
CRYSTAL RIVER FL 34429
US

Mailing Address

268 S. SUNCOAST BLVD.
P.O. BOX 2229 (32623-2229)
CRYSTAL RIVER FL 34423-2229
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1978

4. FEI Number

59-1917164

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4007 North Lecanto Hwy.

Suite, Apt. #, etc.

22

City & State

23 Beverly Hills, FL

Zip

24 34465

Country

25 US

2a. Mailing Address

26 4007 North Lecanto Hwy.

Suite, Apt. #, etc.

27

City & State

28 Beverly Hills, FL

Zip

29 34465

Country

30 US

9. Name and Address of Current Registered Agent

ANSARI, DIXIE
268 SOUTH SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name

Ansari, Dixie

82 Street Address (P.O. Box Number is Not Acceptable)

4007 North Lecanto Hwy.

83

84 City

Beverly Hills,

FL

85 Zip Code

34465

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEEK, JOSEPH C JR	
STREET ADDRESS	5774 N LAMP POST DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANIERI, LEWIS S	
STREET ADDRESS	520 MADSN AVE 10TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANIERI, MARGARET W.	
STREET ADDRESS	520 MADSN AVE 10TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Perro, Robert A.	
1.3 STREET ADDRESS	50 Charles Lindbergh Blvd., Suite 500	
1.4 CITY-ST-ZIP	Uniondale, NY 11553	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ranieri, Lewis S.	
2.3 STREET ADDRESS	50 Charles Lindbergh Blvd., Suite 500	
2.4 CITY-ST-ZIP	Uniondale, NY 11553	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)