

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 719230 (5)  
1. Corporation Name  
EVERETT ARMS NO. 7 ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3550 N W 8TH AVE 3550 N W 8TH AVE  
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-3063

3. Date Incorporated or Qualified 09/01/1970  
3a. Date of Last Report 03/21/1996  
4. FEI Number 57-0541036 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
FEGAN MARY ANN  
3550 NW 8TH AVE, APT. 710  
POMPANO BCH. FL 33064

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Mary Ann Fegan DATE 4/23/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/>
NAME	ORBEN, SELMA	
STREET ADDRESS	3550 NW 8TH AVE #714	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	DOROSH, PAUL	
STREET ADDRESS	3550 NW 8TH AVENUE #5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TS	<input type="checkbox"/>
NAME	FEGAN, MARY ANN	
STREET ADDRESS	3550 NW 8TH AVENUE #710	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MURPHY, MICHAEL	
STREET ADDRESS	3550 NW 8TH AVENUE #708	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GALLUCCIO, OTTO	
STREET ADDRESS	3550 NW 8TH AVENUE #13	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	REFORGIATO, JOHN	
STREET ADDRESS	3550 NW 8TH AVENUE #2	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	TD	<input checked="" type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VSD	<input type="checkbox"/>
2.2 NAME	OTTO GALLUCCIO	
2.3 STREET ADDRESS	3550 NW 8TH AV 713	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/>
3.1 TITLE	PD	<input checked="" type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/>
5.2 NAME	ROCCO COLASANTE	
5.3 STREET ADDRESS	3550 NW 8TH AV 715	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Mary Ann Fegan DATE 4/23/97

CR2E037 (9/96)