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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 PM 12:23

DOCUMENT # **764541** (9)

1. Corporation Name
DIVISION III-7, INC.

Principal Place of Business	Mailing Address
C/O E. R. O'BRIEN 7432 CHABLIS COURT BOCA RATON FL 33433 US	C/O E. R. O'BRIEN 7432 CHABLIS COURT BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: ~~65-0477874~~ NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREDRICKS, CARL
2348 N.E. 30TH COURT
LIGHTHOUSE 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, EUGENE R.	1.2 NAME		
STREET ADDRESS	7432 CHABLIS COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	RUTIZER, ROY	2.2 NAME		
STREET ADDRESS	4531 NW 84 AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MURRAY, JOHN	3.2 NAME	WILLIAM A. NOONAN	
STREET ADDRESS	798 NE DOVER STREET	3.3 STREET ADDRESS	1 HARBOURSIDE 4-501	
CITY-ST-ZIP	BOCA RATON FL 33487-3111	3.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33483	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	NOONAN, WILLIAM	4.2 NAME	RICHARD RYDER	
STREET ADDRESS	1 HARBOURSIDE 4-501	4.3 STREET ADDRESS	290 SW 75TH TERRACE	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	PLANTATION, FLA. 33317	
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	KERSTEN, HENRY	5.2 NAME	JOHN MURRAY	
STREET ADDRESS	22070 CAMEO DRIVE, EAST	5.3 STREET ADDRESS	798 NE DOVER ST.	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FLA. 33487-3111	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eugene R O'Brien 1/27/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
EUGENE R. O' BRIEN TREASURER-DIRECTOR — Daytime Phone # 407-391-4482

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