

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **764541** (9)

1. Corporation Name

DIVISION III-7, INC.



Principal Place of Business *c/o James Mullin*
C/O E. R. O'BRIEN
7432 CHABLIS COURT
BOCA RATON FL 33433
US

Mailing Address *c/o James Mullin*
C/O E. R. O'BRIEN
7432 CHABLIS COURT
BOCA RATON FL 33433
US

3. Date Incorporated or Qualified **08/11/1982** 3a. Date of Last Report **02/06/1995**

2. Principal Place of Business
21 **2263 NW 2nd Ave**
Suite, Apt. #, etc. **# 205**
22 **FL**
City & State
23 **Boca Raton FL**
Zip **33431** Country **USA**
24 **33431** 25 **USA**

2a. Mailing Address
26 **2263 NW 2nd Ave**
Suite, Apt. #, etc. **# 205**
27 **FL**
City & State
28 **Boca Raton FL**
Zip **33431** Country **USA**
29 **33431** 30 **USA**

4. FEI Number **65-0477874** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREDRICKS, CARL
2348 N.E. 30TH COURT
LIGHTHOUSE FL 33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, EUGENE R.	
STREET ADDRESS	7432 CHABLIS COURT	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUTIZER, ROY	
STREET ADDRESS	4531 NW 84 AVENUE	
CITY - ST - ZIP	LAUDERHILL FL 33351	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOONAN, WILLIAM	
STREET ADDRESS	1 HARBOURSIDE 4-501	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RYDER, RICHARD	
STREET ADDRESS	290 SW 75TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, JOHN	
STREET ADDRESS	798 NE DOVER STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<i>MULLIN, JAMES G</i>	
STREET ADDRESS	<i>2263 NW 2nd Ave #205</i>	
CITY - ST - ZIP	<i>BOCA RATON FL 33431</i>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<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 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)