

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764541** (9)  
1. Corporation Name  
**DIVISION III-7, INC.**



Principal Place of Business <i>of</i> <b>C/O JAMES MULLIN</b> <b>2263 NW 2ND AVENUE</b> <b>BOCA RATON FL 33431</b> <b>US</b>	Mailing Address <i>Mary W. Clark</i> <b>C/O JAMES MULLIN</b> <b>2263 NW 2ND AVENUE #205</b> <b>BOCA RATON FL 33431-7401</b> <b>US</b>
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3. Date Incorporated or Qualified **08/11/1982** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business <b>21</b> <i>1530 S. Ocean Blvd</i> Suite, Apt. #, etc. <b>22</b> <i># 604</i> City & State <b>23</b> <i>Pompano Bch, Fl.</i> Zip <b>24</b> <i>33062</i> Country <b>25</b>	2a. Mailing Address <b>26</b> <i>1530 S. Ocean Blvd</i> Suite, Apt. #, etc. <b>27</b> <i># 604</i> City & State <b>28</b> <i>Pompano Bch, Fl.</i> Zip <b>29</b> <i>33062</i> Country <b>30</b>
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4. FEI Number <b>65-0477874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FREDRICKS, CARL</b> <b>2348 N.E. 30TH COURT</b> <b>LIGHTHOUSE FL 33064</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <i>Mary W. Clark - Apt 604</i> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <i>1530 S. Ocean Blvd.</i> <b>83</b> <i>Pompano Bch, Fl.</i> <b>84</b> City <i>Pompano Bch, Fl.</i> <b>85</b> Zip Code <i>33062</i>	
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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 W. Clark* *Division III* *5/12/97*  
\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MULLIN, JAMES</b>
STREET ADDRESS	<b>2263 NW 2ND AVENUE #205</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>RUTIZER, ROY</b>
STREET ADDRESS	<b>4531 NW 84 AVENUE</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NOONAN, WILLIAM</b>
STREET ADDRESS	<b>1 HARBOURSIDE 4-501</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RYDER, RICHARD</b>
STREET ADDRESS	<b>290 SW 75TH TERRACE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
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	<b>TD - Clark, Mary W.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>1530 S. Ocean Blvd</i>
1.3 STREET ADDRESS	<i>Pompano Bch, Fl.</i>
1.4 CITY-ST-ZIP	<i>33062</i>
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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Danowski, Thomas</i>
3.3 STREET ADDRESS	<i>2460 State Rd 84-#189</i>
3.4 CITY-ST-ZIP	<i>Fl. Lauderdale, Fl. 33312</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Clark, James D.</i>
4.3 STREET ADDRESS	<i>731 N. Pine Island Rd.</i>
4.4 CITY-ST-ZIP	<i>Plantation, Fl. 33324</i>
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	<b>700002201587</b>
6.3 STREET ADDRESS	<b>-06/04/97--01069--023</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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 my address.

SIGNATURE *Mary W. Clark* *Division III* *5/12/97*

CR2E037 (9/96)