

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # 764541 (9)

1. Corporation Name  
DIVISION III-7, INC.



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| Principal Place of Business<br>1530 S. OCEAN BLVD.<br>#604<br>POMPANO BEACH FL 33062<br>US | Mailing Address<br>1530 S. OCEAN BLVD.<br>#604<br>POMPANO BEACH FL 33062<br>US |
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| 3. Date Incorporated or Qualified<br>08/11/1982 | 4. FEI Number<br>65-0477874 | Applied For<br>Not Applicable |
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| 2. Principal Place of Business<br>21 6062 SE LANDING WAY<br>Suite, Apt. #, etc.<br>22 UNIT 2<br>City & State<br>23 STUART FL<br>Zip<br>24 34997<br>Country<br>25 USA | 2a. Mailing Address<br>26 6062 SE LANDING WAY<br>Suite, Apt. #, etc.<br>27 UNIT 2<br>City & State<br>28 STUART FL<br>Zip<br>29 34997<br>Country<br>30 USA |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

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| 9. Name and Address of Current Registered Agent<br>CLARK, MARY<br>1530 S. OCEAN BLVD.<br>#604<br>POMPANO BEACH FL 33062 |
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| 10. Name and Address of New Registered Agent<br>81 Name<br>JOAN B. JAGGAR<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>6062 SE LANDING WAY<br>83 UNIT 2<br>84 City<br>STUART FL<br>85 Zip Code<br>34997 |
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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.<br>SIGNATURE: [Signature] SO-FN Division III 4/21/98<br>(NOTE: Registered Agent signature required when reinstating) |
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| 12. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CLARK, MARY<br>1530 S. OCEAN BLVD.<br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SO<br>RUTIZER, ROY<br>4531 NW 84 AVENUE<br>LAUDERHILL FL 33351 <input type="checkbox"/> DELETE                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>THOMAS, JANKOWSKI<br>2480 STATE ROAD 84 #189<br>FT. LAUDERDALE FL 33312 <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CLARK, JAMES<br>731 N. PINE ISLAND<br>PLANTATION FL 33324 <input checked="" type="checkbox"/> DELETE               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | TD<br>JOAN B. JAGGAR<br>6062 SE LANDING WAY UNIT 2<br>STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | PD<br>JAMES D. CLARK<br>731 N. PINE ISLAND RD<br>PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | VD<br>WARREN J. EVANS<br>4405 SW 26th AVENUE<br>FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |
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| SIGNATURE: [Signature] FN III 4/21/98 561-781-4974 |
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CR2E037 (10/97)