


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90217 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 764541</b>					
1. Corporation Name <b>DIVISION III-7, INC.</b>					
Principal Place of Business 6062 SE LANDING WAY UNIT 2 STUART FL 34997 US			Mailing Address 6062 SE LANDING WAY UNIT 2 STUART FL 34997 US		



2. Principal Place of Business 21 109 Kensington Road Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip Country 24 33021 25		2a. Mailing Address 26 109 Kensington Road Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip Country 29 33021 30		3. Date Incorporated or Qualified 08/11/1982 4. FEI Number 65-0477874 Applied For Not Applicable 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	
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9. Name and Address of Current Registered Agent JAGGAR, JOAN B. 6062 SE LANDING WAY UNIT 2 STUART FL 34997				10. Name and Address of New Registered Agent 81 Name Klein, Lois 82 Street Address (P.O. Box Number is Not Acceptable) 109 Kensington Road 83 84 City Hollywood FL 85 Zip Code 33021			
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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 *Lois Klein* *Lois Klein* *3/5/99*  
 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		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAGGAR, JOAN B.			1.2 NAME	Klein, Lois		
STREET ADDRESS	6062 SE LANDING WAY UNIT 2			1.3 STREET ADDRESS	109 Kensington Road		
CITY-ST-ZIP	STUART FL 34997			1.4 CITY-ST-ZIP	Hollywood, FL 33021		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTIZER, ROY			2.2 NAME	Milu, Suzette		
STREET ADDRESS	4531 NW 84 AVENUE			2.3 STREET ADDRESS	16546 S.W. 1SR Street		
CITY-ST-ZIP	LAUDERHILL FL 33351			2.4 CITY-ST-ZIP	Pembroke Pines, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Hesser, Lois Ann Dr.		
NAME	CLARK, JAMES D.			3.2 NAME	11922 S.W. 12th Court		
STREET ADDRESS	731 N. PINE ISLAND RD			3.3 STREET ADDRESS	Davie, FL 33325		
CITY-ST-ZIP	PLANTATION FL 33324			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, WARREN J.			4.2 NAME	Banas, Donald J.		
STREET ADDRESS	4405 SW 26TH AVE			4.3 STREET ADDRESS	3364 N.W. 32nd Court		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Lois Klein* *Lois Klein* *3/5/99* *957-961-8187*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)