Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90070 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003389

1. Corporation Name

SEVEN I	KINGS HOLDINGS	s, incorpo	DRATED										
Principal Place of Business Mailing Address 801 UNO LAGO DRIVE MORGANTOWN WV 33408 US Mailing Address 801 UNO LAGO DRIVE JUNO BEACH FL 33400 US									•	ĐO NOT W			
								3.		ncorporated or Qualife	d		
2. Principal P	face of Business		2a. Mailing Address					4.	FEI N	umber 740873		<u> </u>	plied For Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired				\$8.75 A		
City & Sitate			City & State				6.		n Campaign Financin Fund Contribution	g 🗆 .	\$5.00 Added t		
Zíp	Count	<u> </u>	Zip 29	30 Co	untry			.	Perso	prporation owes the conal Property Tax.	·	Yes	ΧNo
	9. Name and Addr	ess of Current	Registered Agent		81			10.	Name	and Address of New	Register	a Agent	
IC 9	SOLOMON II				81	Nan	ie						
	UNO LAGO DRIVE				82	Stre	et Ad	dress (F	P.O. Bo	: Number is Not Acce	ptable)		
JUNO BEACH FL 33400					83	<u> </u>							
					03								
					84	,					F		
office or r	edistered agent, or both	n, in the State c	and 607.1508, Florida Stat	authorize	d by	the co	rpora	rporatio	n subm pard of	its this statement for the directors. I hereby acc	ept the app	of changing its ointment as re	registered cistered
-	ım ramıllar with, and act	sept the obligat	ons of, Section 607,0505, F	i Alua Sta	lules	•							
SIGNATUF:E	Signature, typed or printed name	e of registered ageni	and title if applicable. (NO	E. Registere	d Ager	nt signati	re req				DATE		
12.	(OFFICERS AND		13					ADDIT	ONS/CHANGES TO C	OFFICERS		
TITLE	P	· ·		TITLE 6)/D				Change	Addition		
NAME	SOLOMON, J.C. II 801 UNO LAGO DR JUNO BCH FL			1.21	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		1						
STREET ADDRESS				1.3 5			SS						
CITY-ST-ZIP							Щ.						F7 A 4 PE
TITLE	VST			217	ITLE		U	1/5/	T/I	>,		Change	Addition
NAME	GRAZIOTTO, RAYMOND E			221	2 NAME		Ì						
STREET ADDRESS				2.3	TREE	FADDRE	SS						ĺ
CITY-ST-ZIP	JUNO BEACH FL			2. 4 CITY-ST-ZIP 3.1 TITLE				<u> </u>		Channa	Addition		
TITLE			☐ DELETE	- 1								☐ Change	
NAME				3.2 NAME									
STREET ADDRESS				3 3 STREET ADDRESS		SS							
CITY-ST-ZIP				3 4. CITY-ST-ZIP 4 1 TITLE		+					Change	Addition	
TITLE			oct	4.2 NAM			1						—
NAME				4									
STREET ADDRESS						T ADDRE	20						
CITY-ST-ZIP				4.40	CITY-S	I-ZIP	+						□ Addition
TITLE			□ DELETE	E 1 1	me							Change	Addition
NAME			☐ DELETE		ITLE VAME							Change	Addition
NAME			☐ DELETE	5.21	IAME	T ADDRE	ss					[] Change	[_] Addieon
STREET ADDRE IS			☐ DELETE	5,21 533	IAME STREE		SS					∐] Change	Addison
STREET ADDRE IS CITY-ST-ZIP				5.21 5.33 5.40	IAME		ss					Change	Addition
STREET ADDRE IS			☐ DELETE	5.21 5.33 5.40 6.1	AME STREET		ss		<u>.</u> ••				

14. Hereb / 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 signation is 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or part attachment with an address with a other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: WILLIAM & SIGNING OFFICER OR DIRECTOR

561-625-9443