

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004088 (8)

1. Corporation Name
VII VISIONARY INVESTMENTS, INC.



Principal Place of Business 23257 STATE ROAD #7 SUITE 206 BOCA RATON FL 33428	Mailing Address 23257 STATE ROAD #7 SUITE 206 BOCA RATON FL 33428-5406
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2. Principal Place of Business 21 9250 ALT A1A Suite, Apt. #, etc. 22 Suite A City & State 23 Lake Park FL Zip 24 33403 Country 25 USA	2a. Mailing Address 26 9250 ALT A1A Suite, Apt. #, etc. 27 Suite A City & State 28 Lake Park FL Zip 29 33403 Country 30 USA
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3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last Report
4. FEI Number 65-0682465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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

**SMITH, FREDERICK W
23257 STATE ROAD #7
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name RONALD J. OBSGARTEN
82 Street Address (P.O. Box Number is Not Acceptable) 9250 ALT A1A
83 Suite A
84 City Lake Park FL
85 Zip Code 33403

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

DATE **4/21/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	OBSGARTEN, RONALD J	
STREET ADDRESS	8838 SE RIVERFRONT TERRACE	
CITY - ST - ZIP	TEQUESTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIFKIN, JEFFREY M	
STREET ADDRESS	6541 NW 57TH LANE	
CITY - ST - ZIP	PARKLAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, FREDERICK W	
STREET ADDRESS	23050 FLORALWOOD LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCILLA, Joseph	
1.3 STREET ADDRESS	1885 PALM COVE BLVD	
1.4 CITY - ST - ZIP	APT 305 DELRAY BEACH FL	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/97** 561
DAYTIME PHONE # **743-1211**

CR2E034 (9/96)