SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000006691

NUMBER 7, INC.

usiness	Mailing Address
	50 DUFFLAW ROAD TORONTO
	ONTARIO MEASWI

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90004 023 ***550.00



B:	-f D	Mailing Address			אותם אווסט וווספו וווסס אווסו זסוסג סווג מסווסום ו		
Principal Place		Mailing Address					
50 DUFFLAW R	OAD	50 DUFFLAW ROAD TORONTO					
ONTARIO M6A2W1		ONTARIO M6A2W1			DO NOT WRITE IN THIS	SPACE	
ONTHIO MORE		Gittinus marient			3. Date Incorporated or Qualified 12/09/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			113305475		Not Applicable
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.			<u> </u>	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & State	3	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		_
24	25	29	30		Intangible Personal Property.	Yes	∐ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
	CORPORATION SYSTEM			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD		ľ	DZ SEEEL AGO	areas (rO. box rauniber is raot Acceptable)		
PLAI	NTATION FL 33324		ļ	83			
						log! =	- 0-1-
			Ī	84 City	FL	85 Zi	p Code
11. Pursuant	paintained agent or both in the State	of Florida, Such change was a	authorized	hy the corporat	oration submits this statement for the purpose of cition's board of directors. I hereby accept the appo	intment as	registered
agent, I a SIGNATURE	im familiar with, and accept the obliga					 -	
agent, I a SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Register		oquired when reinstating) DATE	#	TODE IN 12
agent, I a SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registere	ad Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI		
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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 an attachment with an address.

SIGNATURE: <

789-1071