

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G18673**

(5)

95 JAN 31 PM 1:56

1. Corporation Name

7 T'S ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
9905 CLINT MOORE ROAD
BOCA RATON FL 33496-1016

Mailing Address
9905 CLINT MOORE ROAD
BOCA RATON FL 33496-1016

3. Date Incorporated or Qualified
01/13/1983

3a. Date of Last Report
02/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
25
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-2245115

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**LASALLE, THOMAS L.
4331 N. FEDERAL HIGHWAY -
SUITE 205
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 **Thomas L. LaSalle**
82 **5353 N. Federal Highway, #405**
83
84 **Fort Lauderdale FL** 85 **33308**

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: **1-23-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, STEPHEN
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	LASALLE, KATHY
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	THOMAS, CINDY
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	ANDERSHOCK, JANE.
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	DV
NAME	THOMAS, NORMAN
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	DV
NAME	THOMAS, JOHN JR
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]* DATE: **1/27/95**