

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G18673** (5)

1. Corporation Name
7 T'S ENTERPRISES, INC.



Principal Place of Business: **9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016**
Mailing Address: **9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/13/1983**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2245115**
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.
5353 N FEDERAL HWY
#405
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, STEPHEN	1.2 NAME	
STREET ADDRESS	9905 CLINT MOORE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASALLE, KATHY	2.2 NAME	
STREET ADDRESS	9905 CLINT MOORE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CINDY	3.2 NAME	
STREET ADDRESS	9905 CLINT MOORE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSHOCK, JANE.	4.2 NAME	
STREET ADDRESS	9905 CLINT MOORE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NORMAN	5.2 NAME	
STREET ADDRESS	9905 CLINT MOORE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN JR	6.2 NAME	
STREET ADDRESS	9905 CLINT MOORE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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 119.07(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: *Kathy Lasalle Secretary* 3/28/96 407-482-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)