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

**PROFIT CORPORATION ANNUAL REPORT** 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J30187

(5)

## **FILED** Apr 30 1998 8:00am Secretary of State

7420 ASSOCIATES, INC.													
Principal Place of Business Mailing Address										T TO THE STATE OF			
23	00 GLADES	M. GROSSM RD #220W		SUITE 200-	4800 N. FEDERAL HWY. SUITE 200-E					DO NOT WRITE IN THIS SPACE			
BK	OCA RATON	I FL 33431			BOCA RATON FL 33431 US				ŀ	3. Date Incorporated or Qualified			
				00						08/20/1986			
2.	Principal P	lace of Busi	ness	2a Mailing	2a. Mailing Address					4. FEI Number Applied	d For		
21	, mopu.			- F	26						plicable		
	Suite, Apt.	#, etc.			Suite, Apt. #, etc.								
22				27	27					5. Certificate of Status Desired Fee Require			
	City & State	9			City & State					6. Election Campaign Financing \$5.00 May	Be		
23				28						Trust Fund Contribution Added to Fe			
_	Zip		Country	Zip	F '			,		8. This corporation owes or has paid the current year Intangil			
24		25		29	. <del>    </del>		30				na		
		<del></del>	and Address of Curre	nt Registered Ag	ent		04	Nama		10. Name and Address of New Registered Agent			
			HERBERT M.				81	Name			İ		
2300 GLADES RD #220W							82 Street Address (P.O. Box Number is Not Acceptable)			ss (P.O. Box Number is Not Acceptable)			
	ВО	CA RATO	N FL 33431										
								City		B5 Zip Code	,		
	Duranani	to the provin	nione of Captions CO7 Of	02 and 607 11.00	Clasida Ctatuta	n the el		nomad a	001001	FL 00 210 as harden the statement for the purpose of changing its rec	sistered		
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 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 agent. I am it miliar with, and accept the obligations of Section 607.0505, Florida Statutes.											stered		
	agent. I a	m i miliar w	16		607.0505, Flo	rida Stat	utes	3.		4.22			
SIG	INATURE	Signature, typics	M W/ CORSM	gent and tille it approable	Kenio Wali	Hanistore	d Ann	nt signature r	required	when reinslating) DATE.			
12.		Contract, typics		ND DIRECTORS	(Herre	13.	. , , , , , , , ,	an organica or		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
TITL		PD			DELETE	1,1 TI	TLE				Addition		
NAM	***** * * * * * * * * * * * * * * * *		MAN, HERBERT M.			1.2 N/	ME				1:		
STRE	ET ADDRESS	2300 G	LADES RD #220W				1.3 STREET ADDRESS				li li		
CITY	Y-ST-ZIP BOCA RATON FL				1.4 CI	1.4 CITY - ST - ZIP							
TITLE		_			DELETE	2.1 TI	TLE			☐ Change ☐	Addition		
NAM	E					2.2 N/	AME						
STRE	EET ADDRESS					2.3 \$1	REET	ADDRESS					
	-ST-ZIP							ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
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NAM	- 1					3.2 N/		Ì					
	ET ADDRESS							ADDRESS					
	- S1 - ZIP				DELETE	_		ST-ZIP		Change	Addition		
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NAM						4.2 N							
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NAM				_		5.2 NA							
	ET ADDRESS							ADDRESS					
	-ST-ZIP					5.4 CI		ŀ					
TITLE					DELETE	6.1 TI		I - ZH		Change	Addition		
NAM	j			_		6.2 N/				<b>.</b>			
	ET ADORESS							ADDRESS					
	CITY-ST-ZIP						6.4 CITY-ST-ZIP						
		ertify that I	ne information supplied	with this filma does	not qualify to				d in Se	ection 119.07(3)(i). Florida Statutes, I further certify that the infor	mation		

Indicated on this annual report or supplied with this ming does not quany for the exemption stated in section 1.19.07(3)(1). Forical statutes, 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 ampowered 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.