

Date Due: 05/01/96 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # K71113 (0)**
1700 N. State Road 7, Inc.
1700 N. State Road 7
Hollywood, FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **8/2/89** 3a. Date of Last Report
4. FEI Number: **65-0099907** Applied For: ☐ Not Applicable: ☐

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address	2a. Principle Place of Business	5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees \$138.75 Supplemental Fee Not Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
23 Zip	28 Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rotunno, Joseph
1700 N. State Road 7
Hollywood, FL 33021

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code: 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE: PSD	1.1 TITLE
1.2 NAME: Joseph Rotunno	1.2 NAME
1.3 ADDRESS: 1700 N. State Rd. 7	1.3 ADDRESS
1.4 CITY - ST - ZIP: HOLLYWOOD, FL 33021	1.4 CITY - ST - ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 ADDRESS	2.3 ADDRESS
2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 ADDRESS	3.3 ADDRESS: 300001819513
3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP: -05/14/96--01010--011
4.1 TITLE	4.1 TITLE: ***286.00
4.2 NAME	4.2 NAME
4.3 ADDRESS	4.3 ADDRESS
4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 ADDRESS	5.3 ADDRESS
5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 ADDRESS	6.3 ADDRESS
6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 for a change, or on an attachment with an address.

SIGNATURE

DATE: **4/20/96**

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number