

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

FILED

97 FEB 28 AM 11:28

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000202

SEVEN D. WHOLESALE OF FLORIDA, L.C.
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

1a. Principal Place of Business Address
TALLAHASSEE, FLORIDA
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/25/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0364464	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				06/17/1996	6b.7. Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
DEGOL, DONALD A
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DEGOL, DONALD A	2474 EMERALD WAY N	DEERFIELD BEACH FL
MEM	DEGOL, DAVID A	COUNTRY CLUB RD	CRESSON PA

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-03/04/97--01025--008
****203.75 ****203.75
[Signature]

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.
SIGNATURE: *[Signature]* MGRM 2-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #