


**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -2 AM 9:23

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L9300000202**

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

1a. Principal Place of Business Address

1761 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33442

2. Principal Place of Business <i>225 N. Federal Hwy</i> Suite, Apt. #, etc. <i>Suite H 10</i> City & State <i>Pompano Beach FL</i> Zip <i>33062</i>	Country <i>Broward</i>	2a. Mailing Address <i>same</i> Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified <i>06/25/1993</i>	3a. State of Formation <i>FL</i>
4. FEI Number <i>65-0364464</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <i>02/28/1997</i>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
**FL** Zip Code

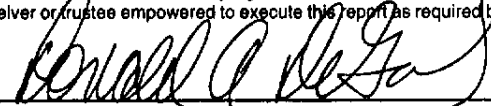
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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:  Donald A DeGol 3-16-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #