## 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

DOCUMENT #

M13228

(5)

**7M CORPORATION** 

FILED Feb 11 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address			111 alais 1191 9191 alais 1191 9191 1191
ROUTE 2.		9205 NW 13 AVE			
BOX 132   HAWTHORNE FL 32640-0132		MIAMI FL 33147		DO NOT WRITE	IN THIS SDACE
HAWTHORNE F	L 32640-0132	U\$		3. Date Incorporated or Qualified	IN THIS SPACE
				03/27/1985	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2754172	Not Applicable
Suite, Apt. #.	. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	rke, Leonardo d		81 Name		
3340 SW 32 AVE MIAMI FL 33147			82 Street A	ddress (P.O. Box Number is Not Acceptate	ole)
			83		
			84 City		85 Zip Code
			184 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	gnature, typed or ponted name of registered a	reent and trie if applicable (NO)	E Registered Agent signature re	acuired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	Change Addition
NAME	MARTIN, MINNIE	• •	1.2 NAME	ERIC H. STARKE	-
STREET ADDRESS	ROUTE 2, BOX 132		1.3 STREET ADDRESS	9205 N.W. 13 NE	
CITY-ST-ZIP	HAWTHORNE FL		1.4 CITY - ST - ZIP	MIAMILE 33147	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	* .	•.
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ł
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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.

CIONATURE.

Minni Mit

2/6/00

(362)475-2294