SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M73703

(4)

NORTHEAST SEVENTH CORPORATION

Principal Place	of Business	Mailing Address					
115 N.E. SEVI		115 N.E. SEVENTH AVI GAINESVILLE FL 32601					
					3. Date incorporated or Qualified	3a. Date of Last Report	
					03/24/1988	05/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
26					18-7407795	Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	A 21/2	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	28 Zip	Coul	ntrv	8. This corporation has liability for		
Ziρ ∷T	25	29	30	,	Florida Statutes	Yes No	
4	9. Name and Address of Curre		1501		10. Name and Address of New Re	gistered Agent	
81				81 Name	Name		
WEISS, MICHAEL H. 115 N.E. SEVENTH AVE. GAINESVILLE FL 32601			ļ	82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
				83			
						85 Zip Code	
				84 City	poration submits this statement for the p	FL []	
SIGNATURE 12.	Signature, typied or printed came of real feed of a OFFICERS A	gent and title if aug coable (NE NO DIRECTORS	O*F Registered 13.	i Agest signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI		
TITLE	Р	DELETE	1 1 Ti	TLE		Change Addition	
NAME	WEISS, MICHAEL H.		1.2 N/	AME			
STREET ADDRESS	1010 NW 25TH TERR.			REFT ADDRESS			
CITY - ST - ZIP	GAINESVILLE FL	- Topies		TY - ST - ZIP		Change Addition	
TITLE	VP	DELFTE	2111	ì			
NAME	WEISS, JOYCE		22 N	TREET ADORESS	army arms arms	001045106	
STREET ADDRESS	1010 N.W. 25TH TERR			ITY - ST - ZIP	-09/11	79601095008	
CITY-ST-ZIP	GAINESVILLE FL	DELETE	311		####Q	001945106 /9601095008 25.00□*****29.00°°	
TITLE			3 2 N	1	4×4×4×6	20:00	
NAME STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				DITY - ST - ZIP			
TITLE		DELETE	411			Change Addition	
NAME		-	4 21	AMF			
STREET ADDRESS			435	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ŽIP		Ob. 20 1 444.00	
TITLE		DELETE	511	ł.		Change Addition	
NAME.			52 N				
STREET ADDRESS				TREFT ADDRESS			
DITY - ST - ZIP				ITY-SI-ZIP	······································	Change Addition	
THE		DELETE	611			بمريكي.	
NAMÉ	1		62 N			N6.57V	
CERCET ANDRESS	1		635	THEET ADDRESS		Ø1/A	

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

THE PUBLISHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 8/23/96, 352.374-8616

APPROVED AND FILED

1996 SEP -3 PH 12: 46

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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