FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M78781** **(5)**

1. Corporation Name

SEVEN HILLS PARTNERS, INC.

Principal Place of Business	Mailing Address
43309 US HWY 19 N ~~P.O. BOX 1608~~ TARPON SPRINGS FL ~~34689-9608~~	~~43309 US HWY 19 N~~ P.O. BOX 1608 TARPON SPRINGS FL 34688-9608

3. Date Incorporated or Qualified: 05/02/1988	3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-2888392	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34689	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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: (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FRIEDLAND, LEW		12 NAME		
STREET ADDRESS	43309 US HWY 19 N		13 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		14 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SALING, GARY		22 NAME		
STREET ADDRESS	43309 US HWY 19 N		23 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		24 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	FORD, DAVID		32 NAME		
STREET ADDRESS	43309 US HWY 19 N		33 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LEW FRIEDLAND 1-19-96 813-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #