Applied For

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

## NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # |

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400002692 (1)

## LIGHT CLUB #7 INCORPORATED

Principal Place of Business	Mailing Address
6891 SAN JOSE <b>LO</b> OP	8891 SAN JOSE LOOP
NEW PORT RICHEY FL 34655	NEW PORT RICHEY FL 34855

## FILED Jul 30 1998 8:00am Secretary of State

7-22-988/3-576-475

 Date Incorporated or Qualified 05/27/1994

59-3245641

21 Principal P	isos of Dubiliess	28. Mailing Address		5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
Suite, Apt.	#, <b>e</b> lc.	Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & State	e	City & State		7. is this nonprofit corporation a homeowners association?	
23		28	· · · · · · · · · · · · · · · · · · ·	Yes No	
Zip	Country	Zip	Country	B. This corporation owes or has paid the current year intangible	
24]	25]	]29]	30	Personal Property Tax due June 30. Yes No	
<del> </del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
}			01 /481110	;	
ZAMMETT			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
6891 SAN	JOSE LP		83		
SUITE B			83		
NEW POR	IT <b>RI</b> CHEY FL 34655		84 City	FL 85 Zip Code	
				tion 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 617.0503, Florida Statutes.					
SIGNATURE:	LILL TO A COLUMN T		ammetti (	D) 7-22.98	
SIGNATURE.			TE: Registered Agent signature requ	ired when reinstating) DATE	
12.	<del></del>	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	<b>ZAMMETTI, JOHN</b>		1.2 NAME		
STREET ADDRESS	6891 SAN JOSE LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CiTY-ST-ZIP		
THILE	, D	DELETE	2.1 TITLE	Change Addition	
NAME	<b>ZAMMETTI, JOHN</b>		2.2 NAME		
STREET ADDRESS	6891 SAN JOSE LOOP		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	<u></u>	2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE GOA	Change Addition	
NAME	ZAMMETTI, JOHN	/ \	3.2 NAME	onna Zammetti	
STREET ADDRESS	6891 SAN JOSE LOOP		5.3 STREET ADDRESS	onna Zammetti.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-\$T-ZIP	same	
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		
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 or	ertify that the information supplied with	this filing does not qualify for the	he exemption stated in sec	tion 119.07(3)(i), Florida Statutes. I further certify that the Information	
an officer	or director of the composition of the rec	eiver or trustee empowered to	o execute this report as rec	tion 119.07(3)(i), Fiorida Statutes. I further certify that the information shall have the same legal effect as if made under cath; that I am quired by Chapter 617, Florida Statutes; and that my name appears	
IN BIOCK 14	z Ortslock 13 it Champad, Or øn am aπαι	gament with an address;	/ A	· · · · · · · · · · · · · · · · · · ·	