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FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000812 (4)
 1. Corporation Name
7TH FLORIDA COMPANY K, C.S.A., INC.



Principal Place of Business 4000 42ND AVENUE NORTH ST. PETERSBURG FL 33714	Mailing Address 4000 42ND AVENUE NORTH ST. PETERSBURG FL 33714
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3. Date Incorporated or Qualified
02/13/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

JAKES, FRANK R
100 N. TAMPA STREET
SUITE 1800
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/8/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME STODDARD, STEVEN N	1.1 TITLE PD	1.2 NAME JOANNE A BROWN
STREET ADDRESS 4000 42ND AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33714	1.3 STREET ADDRESS 1065 17th AVE N	1.4 CITY-ST-ZIP St. Petersburg FL 33104
TITLE VPD	NAME MITCHELL, JOHN G	2.1 TITLE V.P.D. JOHN G MITCHELL	2.2 NAME JOHN G MITCHELL
STREET ADDRESS 4000 42ND AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33714	2.3 STREET ADDRESS 906 W KNOXWOOD ST	2.4 CITY-ST-ZIP TAMPA, FL, 33604
TITLE TD	NAME ANDERSON, SCOTT	3.1 TITLE TD	3.2 NAME Ralph Van Blarcom
STREET ADDRESS 4000 42ND AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33714	3.3 STREET ADDRESS 23120 DOWEN OLIVE	3.4 CITY-ST-ZIP LAND D LAKES, FL 34639
TITLE SD	NAME STODDARD, GINA MARIE	4.1 TITLE SD	4.2 NAME Tamara D. Poole
STREET ADDRESS 4000 42ND AVENUE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33714	4.3 STREET ADDRESS 3660 49th AV. N. #5	4.4 CITY-ST-ZIP St. Petersburg, FL 33714
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURES REQUIRED **1-8-98**

CR2E037 (10/97)