### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P04995

### SEVENTH INVESTMENT BANCING CORPORATION

# **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90111 010 \*\*\*150.00



Principal Place of Business Mailing Address								Trouble in agent alone to the			
1700 S. DIXIE HIGHWAY BOCA RATON FL 33432-7406			1700 S. DIXIE HIGHWAY BOCA RATON FL 33432-7406					DO NOT WRI	TE IN THIS	SPACE	
							3	3. Date Incorporated or Qualifed	<del></del>		
							ì	02/12/1985			
2. Principal Place of Business			2a. Mailing Address				4	, FEI Number		A	pplied For
21		26						62-0882907			ot Applicable
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.					. Certifcate of Status Desired		• -	Additional
22		27								Fee R	equired <sub>.</sub>
City & State	3		City & State				- 6	Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	<u> </u>	Zip 1	_	intry		1	3. This corporation owes the curr	ent year In		□No
24	25	29		30	_			Personal Property Tax.	\!_aaa	Yes	□ INO
	9. Name and Address of Current	Regi	stered Agent		81		1	). Name and Address of New F	(egisterea	Agent	<del></del>
COLDREDGED MELVIN T					"	Name	value				
GOLDBERGER, MELVIN T. 1761 W HILLSBORO BLVD							Address	(P.O. Box Number is Not Accepta	ible)		
STE					83						
BUU	A RATON FL 33442				84	City				85 Zip	Code
						-			_ <u>_</u> _FL		
11. Pursuant t	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and	607.1508, Florida Statu	ites, the a	bove d by	e-named	corporati	on submits this statement for the board of directors. I hereby acces	purpose of of the appo	i changing it intment as r	s registerea eaistered
office of re	n familiar with, and accept the obligat	ions c	of, Section 607.0505, Fl	orida Stat	utes	ine corp.	Orallon 3	oodid of directors. Thereby deed,	, and appe		-9
SIGNATURE								_			
SIGNATURE .	Signature, typed or printed name of registered agent	and title	e if applicable. (NOT	E: Registered	Agen	nt signature r	required whe		DATE		
12.	OFFICERS AN	DIR		13.				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12  Addition
TITLE	PD		☐ DELETE	1.1 T						Change	☐ Addition
NAME	GOLDBERGER, MELVIN T.			1.2 N	AME		1				
STREET ADDRESS	1761 W HILLBORO BLVD, STE	205		1.3 S	TREET	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33442			1.4 C	ITY-S	T-ZIP	<u> </u>				
TITLE	TD		DELETE	2.1 T	TLE					☐ Change	☐ Addition
NAME	ZWICKAU, DIANE			2.2 N	AME						
- STREET ADDRESS	_ 17,61 W_HILLSBORO_BLVD, STI	205	5	2.3 S	TREET	ADDRESS			- :		
CITY-ST-ZIP	BOCA RATON FL 33442			2.40	CITY-S	ST- ZIP	1				
TITLE	VD		☐ DELETÉ	3.1 T	ITLE.					Change	Addition Addition
NAME	GRUENBERG, JONAS			3.2 N	AME						
STREET ADDRESS	1761 W HILLSBORO BLVD, ST	205	5	3.3 S	TREE	T ADDRESS	-				
CITY-ST-ZIP	BOCA RATON FL 33442		_	3.4. 0	CITY-S	ST-ZIP					
TITLE	SDC		☐ DELETE	4.1 T	ITLE					Change	☐ Addition
NAME	GOLDBERGER, BETTY K.			4, 21	AME						
STREET ADDRESS		E 205	5	4.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33442			4,4 0	ITY-S	T-ZIP					
TITLE	D		☐ DELETE	5.1 T			Dire	ector		Change	Addition
NAME	HURST, JAMES O.			5.2 N	AME			rst, Margy			
STREET ADDRESS	1761 W HILLSBORO BLVD, STI	205	5	5.3 S	TREE	T ADDRESS	176	I W. Hillstoom	BIV	d, Ste	205
CITY-ST-ZIP	BOCA RATON FL 33442			5.4 C	пү-ѕ	T-ZIP	130	ca Routon, FL	3344	<u>ــــــــــــــــــــــــــــــــــــ</u>	
TITLE			☐ DELETE	6.1 T				ector		Change	Addition
NAME				6.2 N	AME			enberg, Susan			-
STREET ADDRESS				6.3 \$	TREE	TADDRESS	176	1 W. Hillsborn 7	Aud.	Ste 1	L05

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 charged of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Boca

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raton, FL 33449