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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000015439 (2)

7835 CORP.

Principal Place of Business Mailing Address 1670 BAY DRIVE 1670 BAY DRIVE NORMANDY ISLE NORMANDY ISLE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1992 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0377420 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Żιρ Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. □No 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MESSINGER, HERBERT J 1670 BAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) NORMANDY ISLE. 83 MIAMI BEACH FL 33141-4718 84 City Zip Code 85 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, typod 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 DELETE Change \_\_\_ Addition PSTD 1.1 TITLE TITLE MESSINGER, HERBERT J NAME 1.2 NAME 1670 BAY DRIVE, NORMANDY ISLE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CHY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change \_\_\_ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 changed, or on an attachment with an address.

SIGNATURE:

305.8656946