

FILE NOW - FILING FEE AFTER MAY 1 IS \$275.00

ADMITTED
FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. McMillan
Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009137 (9)

1. Corporation Name
7TH STREET INVESTMENT, INC.

| | |
|---|---|
| Principal Place of Business 703 N.E. 7TH STREET HALLANDALE FL 33009 | Mailing Address 703 N.E. 7TH STREET HALLANDALE FL 33009 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 2. Date Incorporated or Qualified 02/03/1993 | 3. Date of Last Report 03/21/1994 |
| 4. FEI Number 65-0385616 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$0.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Funds Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 3. Suite, Apt. #, etc. 22 | 3a. Suite, Apt. #, etc. 27 |
| 4. City & State 23 | 4a. City & State 28 |
| 5. Zip 24 | 5a. Zip 29 |
| 6. Country 25 | 6a. Country 30 |

9. Name and Address of Current Registered Agent

**LAW OFFICES OF ANDREW B. BLASI P.A.
7900 GLADES ROAD
SUITE 445
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reelecting)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | D |
| NAME | CAMPEAU, JACQUES |
| STREET ADDRESS | 703 N.E. 7TH STREET |
| CITY - ST - ZIP | HALLANDALE FL 33009 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(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: *Jacques Campeau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *April 17, 95* (305) *456-3024*
Date (Area) Phone #