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

Mailing Address

C/O RANIERI & CO INC

UNIONDALE NY 11553

50 CHARLES LINDBERGH BLVD. STE 500

PROFIT CORPORATION ANNUAL REPORT

1999

50 CHARLES LINDBERGH BLVD. STE 500



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076246

1. Corporation Name

Principal Place of Business

C/O RANIERI & CO INC

UNIONDALE NY 11553

SEVEN RIVERS PROPERTY INVESTORS, INC.

						4. FEI Number		1 1 1 1 1	nlind Ear	
2. Principal Pla	ace of Business 2a. Mailing Address								plied For	
21	26					59-3217460			t Applicable	
Suite, Apt. 1	#, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	- .	\$8.75 A		
City & State City & State						6. Election Campaign Financing	_	\$5.00	May Be	
23	28			Trust Fund Contribution			Added t			
Zip	Country Zip Cour				This corporation owes the current year Intangible					
ع . ت 25 ع . ت 30				Personal Property Tax. ☐ Yes ☐ No						
9: Name and Address of Current Registered Agent						10. Name and Address of New Reg	gistered A	gent		
				81 Name						
THE PRENTICE HALL CORPORATION SYSTEM, INC.										
1201 HAYES STREET, SUITE 105				82 Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301				 						
INERARIOSEE I E OESSI										
			84	City				85 Zip (Code	
							<u>FL</u>	L		
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										
11. Pursuant to the provisions of Sections out 300 302 and du7 1506, Fibrida Statutes, the abovernance 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.										
agent, i anti familiar with, and accept the obligations of, decision out tools, i fortice distance.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12. ·	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
	DCP	□ DELETE	1.1 TITLE					Change	☐ Addition	
TITLE	— — — — — — — — — — — — — — — — — — —		1.2 NAME	İ						
NAME	Ligarica, Carlo o									
STREET ADDRESS	(OO O!D II.ZEO EMBOZ! IOI. DOOLL! III.			FADDRESS					Ì	
CITY-ST-ZIP	UNIONDALE NY 11553		1.4 CITY-\$	T-ZIP						
TITLE	DV DELETE 2.1 T		2.1 TITLE					Change	☐ Addition	
NAME	SHAY, SCOTT A		2.2 NAME						j	
STREET ADDRESS	SO OLIADI SO LINDOSDOLL DIND. CTT. 500			TADDRESS					1	
ł	UNIONDALE NY 11553	,	2. 4 CITY-S	T-71P					ĺ	
CITY-ST-ZIP TITLE			3.1 TITLE	,, <u></u>	S			Change	Addition	
Ļ			3.2 NAME		Bra	andt, Laura M.			· `	
NAME	0,0000					Charles Lindbergh B	1vd	Suite	500	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD.	, SIE. 300				iondale, NY 11553	_,,	Jarco	,	
CITY-ST-ZIP	UNIONDALE NY		3.4. CITY- S	T-ZIP	UII.	Iondale, NI 11555		F7 01	- Addition	
TITLE	T	☐ DELETE	4.1 TITLE					Change	Addition	
NAME	PERRO, ROBERT A	•	4, 2 NAME						ĺ	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD	, STE. 500	4.3 STREE	T ADDRESS		•			,	
CITY-ST-ZIP	UNIONDALE NY		4.4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME	-		5.2 NAME	İ						
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE			6.1 TITLE					Change	☐ Addition	
NAME		_	6.2 NAME							
STREET ADDRESS	`		6.3 STREET	T ADDRESS						
			6.4 CITY-S	T-ZIP						
CITY-ST-ZIP	pertify that the information superior with	this filing does not qualify for the	he exempt	ion stated	in Se	ection 119.07(3)(i), Florida Statutes. I fu	urther certif	y that the i	nformation	
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 proper ental 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 of 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 chapters, or on an attachment an address, with all other like empowered.										

SIGNATURE

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90091 007 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/01/1993

Daytime Phone #

CR2E034 (11/98)