

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011367 (7)

1. Corporation Name

SEVEN PERCENT SOLUTION, INC.

Principal Place of Business		Mailing Address	
1409 NW 124 AVE. SUITE 117 PEMBROKE PINES FL 33026 US		P.O. BOX 620683 SUITE 117 SOUTH FL FL 33082 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc	
22 City & State		27 City & State	
23 Zip		28 Country	
24		25 Zip	29 Country
9. Name and Address of Current Registered Agent			
FRIEDMAN, 1409 NW 124 AVE. SUSANNE PEMBROKE PINES FL 33026			
61		Name	
62		Street Address (P.O. Box Number is Not Acceptable)	
63			
64		City	
10. Name and Address of New Registered Agent			
FL 65 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

Signature, typed or printed name of registered agent and title if applicable

INOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	FRIEDMAN, ALAN		1.2 NAME
STREET ADDRESS	1409 NW 124 AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	FRIEDMAN, SUZANNE		2.2 NAME
STREET ADDRESS	1409 NW 124 AVE.		2.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	SENS, GILBERT		3.2 NAME
STREET ADDRESS	1409 NW 124 AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan Friedman 4/14/98 (954) 431-7005
Signature and Typed or Printed Name of Signing Officer or Director
Date Daytime Phone # 0169000

CR2E034 (10/97)