

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043622 (7)**  
1. Corporation Name  
**7940 INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**8250 NW 27 ST SUITE 309 MIAMI FL 33122** **8250 NW 27 ST SUITE 309 MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/03/1994</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
--DUNWOODY, W. E. III-- --4675 PONCE-DE-LEON BLVD-- --SUITE 305-- --CORAL GABLES FL 33146--				81 Name	<b>MICHAEL W. STOIK</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>8250 NW 27 ST SUITE 309</b>		
				83			
				84 City	<b>MIAMI</b>	85 FL	86 Zip Code <b>33122</b>

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: *Michael W. Stoik* DATE: **2/22/95**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when naming.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOIK, MICHAEL W</b>	1.2 NAME	
STREET ADDRESS	<b>11333 SW 111 ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33178</b>	1.4 CITY - ST - ZIP	<b>200001423232</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ORIN E JR.</b>	2.2 NAME	<b>-03/07/95--0109 mg--0109 Addition</b>
STREET ADDRESS	<b>17022 SW 79 PL</b>	2.3 STREET ADDRESS	<b>***\$225.00 ***\$225.00</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARE, G. PATRICK</b>	3.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DR #1207</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARE, CECILIA M</b>	4.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DR #1207</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, PHILIP A</b>	5.2 NAME	
STREET ADDRESS	<b>1255 ALEGRIANO AVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Michael W. Stoik* - Michael W. Stoik, Pres. DATE: **2/22/95** PHONE: **(305) 477-2800**  
Signature and typed or printed name of signing officer or director.