

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000043622 (7)**

1. Corporation Name
7940 INVESTMENTS, INC.



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

3. Date Incorporated or Qualified: **06/03/1994** 3a. Date of Last Report: **03/03/1995**
4. FEI Number: **65-0449861** APPLIED FOR
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Sub., Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Sub., Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**STOIK, MICHAEL W.
8250 NW 27 ST
SUITE 309
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: D STOIK, MICHAEL W 12.2 STREET ADDRESS: 11333 SW 111 ST 12.3 CITY, ST, ZIP: MIAMI FL 33176 <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 CITY, ST, ZIP:
12.1 NAME: D SMITH, ORIN E JR. 12.2 STREET ADDRESS: 17022 SW 79 PL 12.3 CITY, ST, ZIP: MIAMI FL 33157 <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 CITY, ST, ZIP:
12.1 NAME: D O'HARE, G. PATRICK 12.2 STREET ADDRESS: 520 BRICKELL KEY DR #1207 12.3 CITY, ST, ZIP: MIAMI FL 33131 <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 CITY, ST, ZIP:
12.1 NAME: D O'HARE, CECILIA M 12.2 STREET ADDRESS: 520 BRICKELL KEY DR #1207 12.3 CITY, ST, ZIP: MIAMI FL 33131 <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 CITY, ST, ZIP:
12.1 NAME: D THOMAS, PHILIP A 12.2 STREET ADDRESS: 1255 ALEGRIANO AVE 12.3 CITY, ST, ZIP: CORAL GABLES FL 33146 <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 CITY, ST, ZIP:
12.1 NAME: <input type="checkbox"/> DELETE	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME: 11.3 STREET ADDRESS: 11.4 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 119.07(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 registrar 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: *Patrick O'Hare* **G. PATRICK O'HARE** 1/18/96 305-477-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)