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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000052968 (2) **DOCUMENT #**

SEVENTH & FIFTH CORP.

Mailing Address Principal Place of Business

3404 MAN 44TH AT

FILED

96 JUN -3 AM 11: 29

-SECRETARY OF STATE

| PLANTATION FL 33313 | | | | | PLANTATION FL 33313 | | | | | | | | |
|---------------------|--------------------|---------------|----------------------------|----------------|---------------------|--------------|-----------------------|--|-------------------------------|--|--------------------------------|---------|--------------------------|
| | | | | | | | | | 3. | Date Incorporated or Qualified 07/14/1994 | 1 | | st Report 1995 |
| 2. | Principal Plac | e of Business | 3 | 2a. | Mailing Address | | | | 4. | FEI Number | L | l | Applied For |
| 21 | | | | 26 | | | | | | 65-0506907 | | | Not Applicable |
| 22 | Suite, Apt. #, | Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. | Cert-ficate of Status Desired | \$8.75 Additional Fee Required | | | |
| 23 | City & State | ate | | | Orty & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| 24 | Zip | 25 | Country | 29 | ZφΣ | 30 | ountry | | 8. | This corporation has liability for Florida Statutes | intangible ta | ax unde | er s. 199.032, |
| | | 9. Name a | nd Address of Cu | rent Regis | tered Agent | ., | T | | 10. | Name and Address of New I | Registered | Agent | |
| | | | | | | | 81 | Name | | | | | |
| | PESTANO | , ANTOLIN | | | | | 82 | Street Add | dress (P. | O. Box Number is Not Accepta | tile) | | •• |
| | 7401 NW | 11TH CT. | | | | | | | | | | | |
| | PLANTATI | ION FL 333 | 113 | | | | 83 | | | | | | |
| | • | | | | | | 84 | City | | | FL | 85 | Zıp Code |
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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). Froida 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 organ attachment with an address.

SIGNATURE:

Treat Marcelino Feal 6-4-96 (305) 889-0808