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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

San**dra** B. Mo≨ham

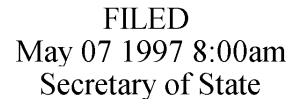
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022076 (0)

SEVEN SISTERS, INC.

Principat Pl	ace of	Business
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Mailing Address





680 EAST MAIN BARTOW FL 33		BARTOW FL 33830-4802						
			3. Date Incorporated or Qualified 03/17/1995		3a. Date of Last Report 07/19/1996			
2. Principal Place of Business 2a. Mailing Address		dress		4. FEI Number 59-3366602		366602	Applied For	
21 26					APPLIED FOR		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, etc.			5. Certificate of Status Desired		5 Additional Required	
27 27 City & State City & State				6. Election Campaign Financing				
23	•	28	¬ ´		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z(p)	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	0	Ftorida Statutes			
	9. Name and Address of Curre	nt Registered Agen	t		,	10. Name and Address of New Re	gistered Agent	<i></i>
SALI	SBURY, JAMI LYNN			81	Name			
680 (east main street			82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)	
BART	TOW FL 33830							
				83				
				84	City		85 Z	ıp Code
					,		FL	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	n of Florida. Such ch	ance was aut	thorized by	, the coroor	rporation submits this statement for the partion's board of directors. I hereby acce	purpose of changin of the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag	esit ai d'title il applicable	(NOTE F	k-g sterod Age	nt signature req	juired when reinstalling)	DATE	
12.	, . <u></u>	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D		DELETE	1.1 TITLE			☐ Chang	je 🔲 Addition
NAME	SALISBURY, JAMI LYNN			1.2 NAME				
STREET ADDRESS	760 BARTOW BOULEVARD			1.3 STREET	,			
CITY-ST-ZiP	BARTOW FL 33830		DE) ETE	1.4 C(TY - 5	T-21P		Chang	e Addition
TITLE	D		DELETE	2 1 TITLE			L_1 C:lang	ie 🗀 Addition
NAME	MUNSON, WILLIAM E 760 BARTOW BOULEVARD			2.2 NAME	1000000			
STREET ADDRESS	BARTOW FL 33830			2.3 STREET				
CITY-ST-ZIP TITLE	DANION FL 33030		DELFTÉ	2.4 CHY- 3.1 TITLE	S1-ZIP		Chanc	e Addition
NAME		·		3.2 NAME				_
STREET ADORESS				3.3 STREE	ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELETE	4.1 TITLE		A CANADA AND A CAN	Chang	e Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STHEE?	ADDRESS			
CITY-ST-ZIP				4.4 CITY-5	i1-2iP			
TITLE			DELETE	5 1 TITLE			Chan	je 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	31 - ZIP			
TITLE			DELETE	6 1 TITLE			Chan	ge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				& 3 STREET	ADDRESS			•
CITY-ST-ZIP				6.4 CITY - S	ST - ZIP			
امتحط ملما الألقا	to a second about the confirmation of the conf	and the fail and the first of the same administration of the same and		from the management		rad in Contino 110 07/2\/\) Elorida Statuta	on the other constitution	ant the

I do hereby certify that the information su information indicated on this annual report I am an officer or director of the corporal appears in Block 12 or Block 13 if many y for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the rue and accurate and that my signature shall have the same legal effect as if made under oath; that ereof to execute this report as required by Chapter 607. Florida Statutes; and that my name