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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000047222 (1)

FILED Apr 16 1998 8:00am Secretary of State

Sur	NCUAST SU	UTH NO. 7, INC.												
Principal	Place of Busines	SS	Mailin	g Address					r ledeiddi file ibidi billi belli beith bolli b)	1848 (191 (48)		
SUITE 30	ADES ROAD 05 ATON FL 33434		6100 GLADES ROAD SUITE 305 BOCA RATON FL 33434					DO NOT WRITE IN THIS SPACE						
) DOOM III			000	1 10/10/11 E 00404				Ì	3. Date Incorporated or Qualified				٦	
									06/16/1995					
2. Principal Place of Business			2a. Mailing Address				1	1			opplied For	4		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0593769 Not Applie				븨		
22			27						5. Certificate of Status Desired]	•	Additional Required		
City &	State		City & State				-+	6. Election Campaign Financing			May Be	-		
23			28									to Fees		
Zip	p Country			Zip Coun				8. This corporation owes or has paid the current year Intangible			ntangible	7		
24		25	29					Personal Property Tax due June 30.						
	9. Name	and Address of Current	Register	d Agent					10. Name and Address of New Regis	tered Ag	ent			
	LESHER, GEF					81	Name							
		EACH LAKES BLVD.				82	Street A	Addres	s (P.O. Box Number is Not Acceptable))				
	SUITE 1000	OLL EL 00404											4	
	W PALM BEA	CH FL 33401												
						84	City			FL	85 Zip	Code	1	
11. Pursu	uant to the provis	sions of Sections 607.0502	and 607.	508, Florida Statut	es, the a	bove	-named o	corpor	ation submits this statement for the purp	oose of c	nanging	its registered	╣	
office agen	e or regi ste red ag t. I am f am iliar w	gent, or both, in the State (ith, and accept the obliga	of Florida. tions of, Se	Such change was : ection 607.0505. Fl	authorize orida Stal	d by tutes	the corp	oration	's board of directors. I hereby accept the	he appoir	tment as	s registered		
SIGNATU		and the second												
		or printed name of registered ages			_	d Age	nt signature i	required		DATE			╛	
12.		OFFICERS AND	DIRECTO		13.	TIE	r		ADDITIONS/CHANGES TO OFFICER				18	
NAME MILBERG, MARLYN				DELETE 1.1 TIT			l			L] Change	Addition	ˈ [S	
STREET ADDRESS 6100 GLADES RD. #305				1,2 NAME			*DODCCC						120	
CITY-ST-ZIP BOCA RATON FL						1.3 STREET ADDRESS 1 1.4 CITY-ST-ZIP							δ Ü	
TITLE	Š	WIOITE		DELETE	2.1 TI		1-211				Change	Addition	¦2	
NAME	MILLER	BETTY J.			22 N	AME	ļ				•			
STREET ADDRESS 6100 GLADES ROAD SUITE 3			J 5 231			2.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA F	RATON FL				2. 4 CłTY-ST-ZIP								
TITLE				☐ DELETE	3.1 T)	TLE			•		Change	Addition		
NAME					3.2 N	AME								
STREET ADDR	IESS				3.3 S1	REET.	address							
CITY-ST-ZIP					3.4. C		T-ZIP				100	4.4.00	4	
TITLE				☐ DELETE	4.1 Ti						} Change	Addition		
NAME					4.2 N									
STREET ADDR							ADDRESS							
CITY-ST-ZIP TITLE				DELETE	4.4 CI 5.1 TI		- ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition	Η.	
NAME					5.2 N/				•		, orango	And Modified		
STREET ADDR	ESS						ADDRESS							
CITY-ST-ZIP					5.4 CI		1							
TITLE				DELETE	6.1 TI						Change	Addition	7	
NAME					6.2 N/	AME								
STREET ADDR	ESS				6.3 ST	REET	ADDRESS							
CITY-ST-ZIP					6.4 Ci	TY-ST	- ZIP							
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Indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplied entering the port is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.