

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000092964 (2)

1. Corporation Name
RRC FL SEVEN, INC.



Principal Place of Business: **200 LAURA STREET JACKSONVILLE FL 32202**
 Mailing Address: **200 LAURA STREET JACKSONVILLE FL 32202-3500**

3. Date Incorporated or Qualified: **12/01/1995** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-3346358** Applied For: Not Applicable:
 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: **21 121 W. Forsyth St. Suite Apt. # etc. 22 Suite 200 23 Jacksonville, FL 24 32202 25 USA**
 2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 29 Zip 30 USA**

9. Name and Address of Current Registered Agent
F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MARTIN, STEIN E., JR.
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	VP <input type="checkbox"/> DELETE
NAME	JOHNSON, BRUCE M.
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	VP <input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES D.
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	VP <input type="checkbox"/> DELETE
NAME	SKINNER, CHESTER A., III
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	VT <input type="checkbox"/> DELETE
NAME	LEAVITT, CHRISTIAN J.
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	VS <input type="checkbox"/> DELETE
NAME	MILLER, ROBERT L.
STREET ADDRESS	121 WEST FORSYTH STREET #200
CITY-ST-ZIP	JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****2475.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **4/8/97** DAYTIME PHONE #: **904 356 7000**

CR2E034 (9/96)