

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -9 PM 3: 25

DOCUMENT # **P96000080425 (7)**

1. Corporation Name  
**7211 CORP.**

Principal Place of Business

C/O ADVANCE DEVELOPMENT CORP.  
6262 SUNSET DRIVE PH-218  
SOUTH MIAMI FL 33143

Mailing Address

C/O ADVANCE DEVELOPMENT CORP.  
6262 SUNSET DRIVE PH-218  
SOUTH MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

28. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**09/27/1996**

4. FEI Number  
**65-0700379**  Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 Zip

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip  
25 Country

29 Zip  
30 Country

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL D  
1401 BRICKELL AVENUE  
SUITE 530  
MIAMI FL 33131

81 Name

**1000002463111--0**

82 Street Address (P.O. Box Number is Not Applicable) **08200-98-01016-005**

**\*\*\*\*691.25 \*\*\*\*150.00**

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature (Type or printed name of registered agent and title if applicable)

(NRAH: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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KWM

14. I 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:

CR2E034 (10/97)