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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000040738**

1. Corporation Name

NO JON VII, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90083 045 ***150.00



Principal Place of Business Mailing Address							I (BB(ther the failt tent entre entre entre en	171	1811 68111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
C/O HERSHOFF, LUPINO. DEFOOR & GREGG 90130 OLD HIGHWAY TAYERNIER FL 33070			C/O HERSHOFF, LUPINO, DEFOOR & GREGG 90130 OLD HIGHWAY TAVERNIER FL 33070				DO NOT WRITE II	N THIS	SPACE	.	
THE STATE OF THE S							 Date Incorporated or Qualifed 05/05/1997 				
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number			App	lied For
21			26				APPLIED FOR	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country			Zip Country				8. This corporation owes the current year Intangible				
24	25	29	29 30				Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Currer	t Regis	stered Agent				10. Name and Address of New Regi	stered	Agent		
					81	Name					
HERSHOFF, JAY A					00	C4 A 4	desce (D.O. Bay Number is Not Acceptable)				
90130 OLD HIGHWAY TAVERNIER FL 33070					82 83	Street Add	dress (P.O. Box Number is Not Acceptable)	,			
					"						
					84	City		FĻ	. `	Zip Co	
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	of Florid	da. Such change was a	uthorized	DV.	tne corporat	poration submits this statement for the pur tion's board of directors. I hereby accept th	oose of e appoir	changii itment	ng its regi	egistered istered
SIGNATURE											
	Signature, typed or printed name of registered age				Agen	t signature requi		DATE			
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	ID DIRE		Addition
TITLE	D		☐ DELETE	1.1 TI	RE		·			ange	
NAME JACOB, RICHARD			1.2 NAME								ł
STREET ADDRESS CORAL HARBOR CLUB, 88181)LD HWY., APT E44 1.3 ST			ADDRESS					
CITY-ST-ZIP	ISLAMORADA FL 33036					Γ-ZIP					
TITLE			☐ DELETE	2.1 Ti	ΠE				Ch	ange	☐ Addition
NAME				2.2 N	ME						
STREET ADDRESS				2.3 \$	REET	ADDRESS					
CITY-ST-ZIP				2.4 C	ITY-S	T- ZIP					
TITLE			☐ DELETE	3.1 TI	ΓLE				Ch:	ange	☐ Addition
NAME				3.2 N	ME						
STREET ADDRESS				3.3 S	REET	ADDRESS					\
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP					
TITLE			☐ DELETÉ	4,1 Ti	n.e				☐ Ch	ange	☐ Addition
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 S	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI	TY-81	T-ZIP				_	
TITLE			☐ DELETE	5.1 TI					□ Ch	ange	Addition
NAME				5.2 N	ME		•				
STREET ADDRESS				5.3 S	REET	ADDRESS					
CITY-ST-ZIP				5.4 CI	TY-SI	T-ZIP					
TITLE			☐ DELETÉ	6.1 TI	TLE .				☐ Ch	ange	☐ Addition
NAME				6.2 N	ME	-					ł
				6.3 S	REET	ADDRESS					ļ
STREET ADDRESS											

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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FEB 0 2 1999