SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088764 (0)

BR & 7, INC.

Principal Place of Business

Mailing Address

FILED Jul 23 1998 8:00am Secretary of State



1048 KANE CONCOURSE STE 2B BAY HARBOR FL 331\$4		1048 KANE CONCOURSE STE 2B BAY HARBOR FL 33154			DO NOT WRITE IN THIS SP ACE	
					3. Date Incorporated or Qualified 10/15/1997	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied Not App	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Cartificate of Status Desired \$8.75 Addition	onal
22 City & State		City & State	City & State		Fee Require	
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		S. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No	e
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
	LIE ROB ERT EVANS & ASSO		81	Name	-	
375 SO COUNTY ROAD STE 218			82	Street Add	iress (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480			83			
•			00	<u> </u>		
			84	City	FL 85 Zip Code	
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						
	Signalure, typed or printed name of registere			gent signature req	quired when reinstating) DATE	
12. TITLE	OFFICERS D	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	
NAME	Ga din sky, seth	L_] OELETE	1.1 TITLE 1.2 NAME		Change L	Addition
STREET ADDRESS	1048 KANE CONCOURSE	STE 2B	1.3 STREET	ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL 33154		1.4 CITY-ST			
TITLE	SD DELETE		2.1 TITLE		Change	Addition
NAME	GREANER, IVY		2.2 NAME		Change	10010017
STREET ADDRESS	1048 KANE CONCOURSE	STE 2B	2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	BAY HARBOR FL 33154		2.4 CITY-S1	-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change /	Addition
NAME			3.2 NAME		• • <u> </u>	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-\$1	-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ /	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE		DELETE	5.1 TITLE		Change A	Addition
NAME			5.2 NAME	1		1
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE	•	DELETE	6.1 TITLE		Change #	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
C/TY-ST-ZIP			6.4 CITY-ST	-ZIP		1

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 of 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.

1011 TUDE XULL SURGENER 1/15/4

CRZE034 (5/98)