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**

SW 13 CT

DOCUMENT # P98000009765

1. Corporation Name

EFFORT 7; INC.

Principal Place of Business

82 N. UNIVERSTIY DRIVE PEMBROKE PINES FL 33024

Suite, Apt. #, etc.

2. Principal Place of Business
21 016 SW 13

Mailing Address

82 N. UNIVERSTIY DRIVE PEMBROKE PINES FL 33024

2a. Mailing Address

Suite, Apt. #, etc.

26 1016

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90298 019 ***150.00



Applied For

Not Applicable

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

65-0810414

01/30/1998

4. FEI Number

City & State	22				27														
20	City & State		٦. ٢٠٠٠	~ ^		•		ے . ر			•					ing T			
9. Name and Address of Current Registered Agent MOYAL, PATRICK R 82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Provide Statutes, the above-named 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, Provide Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 11. TITLE PD DELETE 11. TITLE SD DELETE 12. TITLE PD DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. While EZERZER, JACOB 13. STREET ADDRESS 13. STREET ADDRESS 1016 SW 13 th CT TATOT ATLANTIC BLYD: Now. MIMMI BEACH FL 33179 10. DELETE 11. TITLE 12. WARE 13. STREET ADDRESS 10. SW 13 th CT TATOT ATLANTIC BLYD: Now. MIMMI BEACH FL 33179 10. DELETE 11. TITLE 12. WARE 13. STREET ADDRESS 10. SW 13 th CT TATOT ATLANTIC BLYD: Now. MIMMI BEACH FL 33179 10. DELETE 11. TITLE 10. DELETE 11. TITLE 10. DELETE 11. TITLE 10. DELETE 11. TITLE 10. SW 13 th CT TATOT ATLANTIC BLYD: Now. MIMMI BEACH FL 33179 10. DELETE 11. TITLE 10. DELETE 11. TITL		M		PO			<u> </u>											•	to Fees
10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name Address (P.O. Box Name Address (P.O	_ ~ ~ 1	2 <i>E</i>		a l	_		S	$\overline{}$					•			current ye	ear Inta		No
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82 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 12. YOUR PROVED THE TITLE 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 15. TITLE 16. S.D. OFFICERS AND DIRECTORS IN 12 16. S.W. MAIM BEACH FL 33179 16. S.W. MAIM BEACH FL 33179 17. OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFI	**								81	Name						-			
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE	office or re	egistered	agent, or both, in t	he State of F	-lorida	ı. Such change	e was	authoriz	ed by	the corpo	oration's	board	of direct	ors. I h	ereby a	ccept the	appoir	itment as re	egistered
Signature, Typed or printed harme of registatered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		ili iaiiiiiai	with, and accept t	ne obligation	I3 OI, 1	Jecuon dor.oc	,00,11	ionaa ot	ululus.	•									
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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 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 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 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 indicated on this annual report or supplemental	14 hereby c	ertify that	the information su	pplied with t	his fili	ng does not q	ualify f	or the e	xempti	on stated	d in Sec	tion 119	.07(3)(i)	, Florid	a Statu	es. I furti	her cer	tify that the	informatio

Block 12 or Block 13 if changed, or on an attachment of

SIGNATURE:

305-860-0033