1. Entity Na.	JMENT # P990000 SEVEN, INC.	008978	A jety	1.	FI Feb 12, 2 Secreta	LED 001 8 ry of	3:00 a State
Principal Pla 4210 PARK BL PINELLAS PAR		Mailing Address 4210 PARK BLVD. PINELLAS PARK FL 33781			01-16-2001 90	•	
	Place of Business  5 Seminal Blvc  1. #, etc.	3. Mailing Address 9136 Southe Suite, Apt. #, etc.	uncomfolet v	28	DO NOT WRITE IN TH	,, 60(84 141)4 (8())	
City & Sta	Largo, FL	City & State	4	4. 1	FEI Number 59-3558833	<del>**</del>	Applied For
- Zip 33	778 Country PIN cllas 6. Name and Address of Current F	Zip 33フラ3	Pinellas.		Certificate of Status Desired	<b>\$8.75</b> Ac Fee Requir	
A SHA	ASSI, BAKRI Mr. Bakri S. Dimassi 9136 Southern Comfort I	) Or.	City d	, 147 (P.O. B 5 ou	Name and Address of New Register  ASSI BAKR  OX Number is Not Acceptable)  There Com FGR+ DK	Ĺ	1e
SIGNATURE	BAKQ N Signature, typed or printed name of registered agent an	D H S S 1 (NOTE:	egistered office or registered Agont stgnature requirement Agont stgnature requirements.	ered age	ent, or both, in the State of Florida.	<del></del>	
(See crite	requirement and elects to do so.	Make Check Payable	1 Fee will be \$550.00 to Department of St		Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMASSI, BAKRI 4210 PARK BLVD. PINELLAS PARK FL 33781	IRECTORS  Dates	12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAKRI TOIMAS 9136 SouthancomF Lorgo FL. 3377	ickt DR	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	☐ Addition'
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Bakri S. A SHARED 9136 Southern HERITAGE Largo, FL 33	Comfort Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon	☐ Change	- → Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP_	- 4		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	ncitibbA
of the com	ertify that the information supplied with the on this report or supplemental report is transcription or the receiver of trustee empower or on an attachment with an address, with	and accurate and that my ered to execute this report as a all other like empowered.	signature shall have the required by Chapter 60	same le 7, Florida	dal offect on it made under eath, that	I am an officer s in Block 11 or	or director Block 12 if