


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 010 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S02946 1. Corporation Name SEVEN RIVERS REAL ESTATE, INC.			
Principal Place of Business 268 S SUNCOAST BLVD P O BOX 2229 CRYSTAL RIVER FL 32623-9229		Mailing Address 268 S SUNCOAST BLVD P O BOX 2229 CRYSTAL RIVER FL 32623-9229	
2. Principal Place of Business 21 4007 North Lecanto Hwy. Suite, Apt. #, etc. 22		2a. Mailing Address 26 4007 North Lecanto Hwy. Suite, Apt. #, etc. 27	
City & State 23 Beverly Hills, FL Zip Country 24 34465 25 US		City & State 28 Beverly Hills, FL Zip Country 29 34465 30 US	
3. Date Incorporated or Qualified 09/26/1990			
4. FEI Number 59-3032157			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SEVEN RIVERS DEVELOPMENT AND INVESTMENTS CORPORATION 268 S SUNCOAST BLVD CRYSTAL RIVER FL 32629		10. Name and Address of New Registered Agent 81 Name Seven Rivers Development & Investments Corp. 82 Street Address (P.O. Box Number is Not Acceptable) 4007 North Lecanto Hwy. 83 84 City Beverly Hills 85 Zip Code FL 34465	
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, typed or printed name of registered agent and title if applicable. (NOTE: 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	DP MEEK, JOE C., JR. 5774 N LAMP POST DR BEVERLY HILL FL 34465 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Ranieri, Lewis S. 50 Charles Lindbergh Blvd., Suite 500 Uniondale, NY 11553 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Perro, Robert A. 50 Charles Lindbergh Blvd., Suite 500 Uniondale, NY 11553 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Brandt, Laura M. 50 Charles Lindbergh Blvd., Suite 500 Uniondale, NY 11553 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP Simmons, Holly 4007 North Lecanto, Hwy. Beverly Hills, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)