

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90011 001 ***550.00

DOCUMENT # **S35916**
Corporation Name
SEVEN-SEVEN-ROMEO, INC.



Principal Place of Business
13133 BURNING TREE AVE.
FT MYERS FL 33919

Mailing Address
13133 BURNING TREE AVE
FT MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/06/1991	
4. FEI Number 59-2133258	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Zip	Zip
Country	Country
25	29
30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERER, MICHAEL T. 13133 BURNING TREE AVE. FT. MYERS FL 33919		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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.

NATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
SD SCIPLE, SARAH S. 5829 WILD FIG LANE, SW FT. MYERS FL 33919	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition		
PTD SHERER, MICHAEL T. 13133 BURNING TREE AVE. FT. MYERS FL 33919	☐ DELETE	1.2 NAME			
	☐ DELETE	1.3 STREET ADDRESS			
	☐ DELETE	1.4 CITY-ST-ZIP			
	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
	☐ DELETE	2.2 NAME			
	☐ DELETE	2.3 STREET ADDRESS			
	☐ DELETE	2.4 CITY-ST-ZIP			
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
	☐ DELETE	3.2 NAME			
	☐ DELETE	3.3 STREET ADDRESS			
	☐ DELETE	3.4 CITY-ST-ZIP			
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
	☐ DELETE	4.2 NAME			
	☐ DELETE	4.3 STREET ADDRESS			
	☐ DELETE	4.4 CITY-ST-ZIP			
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
	☐ DELETE	5.2 NAME			
	☐ DELETE	5.3 STREET ADDRESS			
	☐ DELETE	5.4 CITY-ST-ZIP			
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
	☐ DELETE	6.2 NAME			
	☐ DELETE	6.3 STREET ADDRESS			
	☐ DELETE	6.4 CITY-ST-ZIP			

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.

SIGNATURE: Sarah S. Sciple - 12 July 99 941.489.4008

CR2E034 (5/99)