

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

PROFIT CORPORATION ANNUAL REPORT 1999



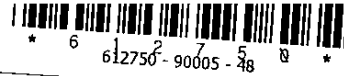
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90005 048 ***150.00

DOCUMENT # S51071 Corporation Name

777 CORPORATION



Principal Place of Business: 150 Tamiami Tr. Suite E Port Charlotte, FL 33952
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 5/9/91
4. FEI Number: 65-0316126
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 Tax: Yes No

26. Mailing Address: 5502 Ave. du Soleil
27. Suite, Apt. #, etc.
28. City & State: Lutz, FL
29. Zip: 33549
30. Country

9. Name and Address of Current Registered Agent: Alhambra Registered Agents, Inc. 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134

10. Name and Address of New Registered Agent: 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| <input checked="" type="checkbox"/> DELETE D/P/S Richard Thomas 2450 TAMiami Tr., Ste. E Port Charlotte, FL 33925 | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D/P/S Salomon Wainberg 5502 Avenue du Soleil Lutz, FL 33549 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <input type="checkbox"/> DELETE | <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 |

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: *Salomon Wainberg* Salomon Wainberg, Pres. (813) 909-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)