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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90020 048 ***150.00

7 OHOL 7	ASSOCIATES, INC.						}					
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BONITA OAKS SQUARE #9 4450 BONITA BEACH RD			4450 BONITA BEACH RD				1					
BONITA SPRINGS FL 34134			BONITA SPRINGS FL 34134					DO NOT WRITE IN THIS SPACE				
US		US					3.	. Date Incorporated or Qualifed				
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2. Principal PI	lace of Business		Mailing Address				4	FEI Number		<u>`</u>	plied For t Applicable	
21			26					65-0315113		\$8.75		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					i. Certifcate of Status Desired	_	Fee Re		1
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24	25	29	·F	30			"	Personal Property Tax.		Yes	□No	
24	9. Name and Address of Curre		ered Agent		T		10). Name and Address of New Reg	jistered A	\gent		
· · · · · · · · · · · · · · · · · · ·					81	Name					,	Ì
	SE, GEOFFREY G.				82	Stroot Ado	troce (P.O. Box Number is Not Acceptable	<u></u>			}
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BON	HTA SPGS FL 34134				83	-]
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Affice or s	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florid:	a. Such change was a	コロスカクロスタ	ועמוס	tne comorai	poration's b	on submits this statement for the purposed of directors. I hereby accept the	rpose of o	changing its itment as re	registered gistered]
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Fig	orida Sta	tutes.							
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SIGNATURE									DATE			_ ا
	Signature, typed or printed name of registered ag			E: Registere	d Agent	t signature requi	red when		DATE CERS AN	D DIRECTO	DRS IN 12	í
12.	OFFICERS A		TORS	E: Registere	d Agent		red when	n reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECTO	DRS IN 12	11/08/
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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 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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP