

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V60271

1. Corporation Name

9, 8, 7, Inc.

Principal Place of Business Mailing Address

~~440 - 137th Avenue North~~
~~St. Petersburg, FL 33710~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/92** 3a. Date of Last Report

4. FEI Number **59-3140697** 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**

6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 440 - 137 Ave. Circle

2a. Mailing Address
26 440 - 137 Ave. Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Madeira Beach, FL

City & State

28 Madeira Beach, FL

Zip

24 33708

Country

25 USA

Zip

29 33708

Country

30 USA

9. Name and Address of Current Registered Agent

Leonard S. Englander
~~6666 22nd Ave. North~~
~~St. Petersburg, FL 33710~~

10. Name and Address of New Registered Agent

01 Name
Leonard S. Englander
02 Street Address (P.O. Box Number is Not Acceptable)
5959 Central Avenue
03 Suite 201
04 City
St. Petersburg **FL** **05 Zip**
33710

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 filed application)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Leonard S. Englander
STREET ADDRESS	6666 22 Avenue North
CITY, ST, ZIP	St. Petersburg, FL
TITLE	PST
NAME	Richard A. Tappan
STREET ADDRESS	440 - 137 Ave. Circle
CITY, ST, ZIP	Madeira Beach, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Richard A. Tappan	
13 STREET ADDRESS	440 - 137 Ave. Circle	
14 CITY, ST, ZIP	Madeira Beach, FL 33708	
21 TITLE	P /VP/S/T	☒ Change ☐ Addition
22 NAME	Richard A. Tappan	
23 STREET ADDRESS	440 - 137 Avenue Circle	
24 CITY, ST, ZIP	Madeira Beach, FL 33708	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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******400.00 ****400.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

(Signature and typed or printed name of signing officer or director)

Richard A. Tappan

7/25/95 (813) 367-5671

(Typed Name)

CR20034 (3/95)

FILED

95 JUL 31 AM 10: 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AR

9/4/95/kwm