

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V70201** (1)

1. Corporation Name  
**DIVISION VII, INC.**



Principal Place of Business  
**13955 WIND FLOWER DR.  
PALM BCH. GARDENS FL 33418  
US**

Mailing Address  
**P. O. BOX 12186  
LAKE PARK FL 33403**

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **1320 S. Killian Dr.** 2a. Mailing Address  
26 **1320 S. Killian Drive**

4. FEI Number **65-0362181** Applied For  
Not Applicable

Suite, Apt. #, etc. **n/a** 27 **n/a**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Lake Park, Florida** 28 **Lake Park, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip **33403** Country **USA** 29 **33403** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, JENNIFER L  
13955 WIND FLOWER DR.  
PALM BEACH GARDENS FL 33418**

81 Name **Joseph G. Ward**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1320 S. Killian Drive**  
83  
84 City **Lake Park** FL 85 Zip Code **33403**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Joseph G. Ward*  
Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent's address, required when registering)

DATE **4-9-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	TURNER, JENNIFER L	13955 WIND FLOWER DR.	PALM BCH. GARDENS FL 33418	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
President/Secretary	Joseph G. Ward	5901 Whitetail Lane	Jupiter, FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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: *Joseph G. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 407/844 0909  
Date: Disclose Phone:

CR2E034 (12/95)