

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

97 JUL 30 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081226 (8)
 1. Corporation Name
SEVEN MARY THREE TOURING, INC.



Principal Place of Business 631 PALM SPRINGS DRIVE #117 ALTAMONTE SPRINGS FL 32701	Mailing Address 631 PALM SPRINGS DRIVE #117 ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21835 Lake Seneca Rd		2a. Mailing Address 26 21835 Lake Seneca Rd		3. Date Incorporated or Qualified 10/01/1996		3a. Date of Last Report N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3403672		Applied For Not Applicable	
23 City & State Eustis, FL		28 City & State Eustis, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32726		25 Country USA		29 Zip 32726		30 Country USA	
9. Name and Address of Current Registered Agent MASSARONI, DARREL R 631 PALM SPRINGS DRIVE #117 ALTAMONTE SPRINGS FL 32701				10. Name and Address of New Registered Agent			

81 Name Massaroni, Darrel R	
82 Street Address (P.O. Box Number is Not Acceptable) 21835 Lake Seneca Rd.	
83	
84 City Eustis, FL	85 Zip Code FL 32726

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D Jason Ross
STREET ADDRESS		1.3 STREET ADDRESS	21835 Lake Seneca Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D Jason Pollock
STREET ADDRESS		2.3 STREET ADDRESS	21835 Lake Seneca Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D Giti Khaleq
STREET ADDRESS		3.3 STREET ADDRESS	21835 Lake Seneca Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Casey Daniel
STREET ADDRESS		4.3 STREET ADDRESS	21835 Lake Seneca Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****165.00 ***165.00**

14. I do 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.
DARREL R. MASSARONI 7/23/97 352 483-0355

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