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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N25783

(4)

I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATIO

Principal Place of Business Mailing Address C/O ROBERT A. SUGARMAN C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6607 POMPANO BEACH FL 33060-6607 3a. Date of Last Report 3. Date Incorporated or Qualified 04/06/1988 01/26/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0134164 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SUGARMAN, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 82 5959 BLUE LAGOON DR. 83 SUITE 150 MIAMI FL 33126 84 City 85 Zip Code 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered affice 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 617.0503, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change ☐ Addition SKILLAS, GEORGE SKILLAS, GEORGE A. NAME 12 NAME 301 N.F. 18T 1516 SE 6TH STREET 13 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33060 CITY - ST - Z-P DEERFIELD BEACH FL 14 CITY-ST-ZIP Change DELETE DP Addition 2.1 TITLE TITLE MOSS, DONALD NAME MOSS, DONALD 2.2 NAME 301 NE 157 301 NE 1ST ST. 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FC POMPANO BEACH FL 2 4 CITY - ST-ZIP CITY-\$1-ZIP DELETE TITLE 3.1 DILE [7] Change Addition NAME RICHARD, LEO 3.2 NAME 301 NE 1ST ST. STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 34 CITY-ST-ZIP DELETE <u>n s</u> 4.1 TITLE Change Addition TITLE DELFINA COHEN GUISTWITE, MARK 4. 2 NAME NAME 301 NE 187 301 NE 1ST 4.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33060 POMPANO BCH. FL 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition TATLE 5 1 TITLE WIND, THOMAS NAME 5.2 NAME **301 NE 1ST** STREET ADDRESS 5.3 STREET ADDRESS POMPANO BCH. FL CITY-ST-ZIP 5 4 CITY - ST-ZIP Change DELETE Addition TITLE 61 TITLE CROSSON, WALTER 301 N.E. 1 ST CROSSON, WALTER NAME 62 NAME STREET ADDRESS 301 SE 1ST 6.3 STREET ADDRESS POMPANO BEACH, FC 33040

6 4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name

SIGNATURE:

CITY-ST-7IP

POMPANO BCH. FL

appears in Block 12 or Block 13 if changed,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (954)946-8661

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