

7-25-97 B-8022-C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N25783 (4)**

1. Corporation Name  
**I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATIO  
N**

Principal Place of Business <b>C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6607</b>	Mailing Address <b>C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6607</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/06/1988</b>	3a. Date of Last Report <b>02/05/1996</b>
21	22	23	24	4. FEI Number <b>65-0134164</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SUGARMAN, ROBERT A. 5959 BLUE LAGOON DR. SUITE 150 MIAMI FL 33126</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. 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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKILLAS, GEORGE A.</b>	1.2 NAME	
STREET ADDRESS	<b>301 NE 1ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOSS, DONALD</b>	2.2 NAME	<b>D</b>
STREET ADDRESS	<b>301 NE 1ST ST.</b>	2.3 STREET ADDRESS	<b>WHANG, SCHUYLER</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	<b>301 N.E. 1 ST POMPANO BEACH, FL 33060</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD, LEO</b>	3.2 NAME	
STREET ADDRESS	<b>301 NE 1ST ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, DELFINA</b>	4.2 NAME	
STREET ADDRESS	<b>301 NE 1ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIND, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>301 NE 1ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSSON, WALTER</b>	6.2 NAME	
STREET ADDRESS	<b>301 SE 1ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Walter J. Crosson* SIGNATURE REQUIRED **WALTER J. CROSSON** 7-18-97 (954) 946-8551

CR2E037 (4/97)