

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25783** (4)
1. Corporation Name
**I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATIO
N**

Principal Place of Business C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6807	Mailing Address C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/06/1988	3a. Date of Last Report 02/05/1996
4. FEI Number 65-0134164		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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			


9. Name and Address of Current Registered Agent SUGARMAN, ROBERT A. 5959 BLUE LAGOON DR. SUITE 150 MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

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:  SIGNATURE REQUIRED

7-18-97 (954) 946-8551

CR2E037 (4/97)