

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90033 001 \*\*\*\*61.25

**DOCUMENT # N25783**  
 1. Entity Name  
**I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATION**



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**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**SUGARMAN, ROBERT A.**  
**5959 BLUE LAGOON DR.**  
**SUITE 150**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SKILLAS, GEORGE A.	
STREET ADDRESS	301 NE 1ST	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	MURPHY, KEITH	
STREET ADDRESS	301 RTC	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<i>NAME</i> COCHRAN, JOANNE	
STREET ADDRESS	301 NE 1ST STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	PAUL, RON	
STREET ADDRESS	301 ETC	
CITY - ST - ZIP	POMPANO BCH. FL 33060	
TITLE	<i>Tim Nayniok - Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>301 NE 1st ST</i>	
STREET ADDRESS	<i>Pompano Bch. FL 33060</i>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne Cochran - Treasurer* **2/9/04** **954-946-8551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #