

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-01-1999 90042 014 \*\*\*\*150.00

**DOCUMENT # 333750**

1. Corporation Name  
**2775 CORP**



Principal Place of Business  
**2775 W OKEECHOBEE RD  
 HIALEAH FL 33010**

Mailing Address  
**2775 W OKEECHOBEE RD  
 HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/13/1968</b>	4. FEI Number <b>59-1218952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**PRUSSIN, RUBIN**  
**2775 W OKEECHOBEE RD**  
**HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PRUSSIN, RUBIN</b>	
STREET ADDRESS	<b>2775 W. OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>GINSBURG, MURRAY</b>	
STREET ADDRESS	<b>2775 W. OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PRUSSIN, OTTILIE</b>	
STREET ADDRESS	<b>2775 W. OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>GINSBURG, MURRY</b>	
STREET ADDRESS	<b>2775 W. OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* DATE: **1/4/99** DAYTIME PHONE: **305-891-0790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)