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).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME TO STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 713941

(3)

SIGN, DISPLAY AND PICTORIAL LOCAL UNION 1175 HOLDING CORPORATION, INC.

FILED

97 OCT -9 PM 3: 09

SECREMENT OF STATE TALLAMASSEE, FLORIDA



Principal Plac	ce of Busines	Mailing Addr	Malling Address					- 1 roahin innan iliang hinin innin mindi lini mindi mindi mindi mindi mindi mindi mindi mindi mindi habk								
7910 N.W. 25TH	I STREET	7910 N.W. 25TI	7910 N.W. 25TH STREET													
SUITE 205			SUITE 205	SUITE 205					DO NOT WRITE IN THE COACE							
MIAMI FL 33122 IUS				MIAMI FL 33122 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of La					st Benort		
			00	00					01/15/1968				06/12/1996			
2. Principal P	Place of Busin	2a. Mailing A	2a. Mailing Address					4. FEt Number				<u> </u>	Applied	For		
21			26	26					59-6134286						Not App	olicable
Suite, Apt.	. #, etc.	<u> </u>	Suite, Apt. #, etc.					5. Certifica	ate of Stat	us Desired	- I			5 Additi		
22		27	City & State										Fe	e Require	d	
City & State			<u> </u>	h—				6. Election Car Trust Fund 0			•	٠.	\$5.00 May Be			
Zin	Zip Country		28 Zin	Zip Cou			,						<u></u>		led to Fe	
24		25	29	ļ.	30	uiiiy		'	B. This cor	-		•	_	rent yea Yes	r Intangit No	le l
	g, Name and Address of Current						Personal Property Tax due Juni 10. Name and Address of New Ri									
						81	Name									
LEVINE, ROBERT E							Ctroot	۸ ما ما م	(D.O. Divi	N (complete and the						
	25TH ST						Address	ss (P.O. Box Number is Not Acceptable)						>	.5	
STE 205										THE THE CHAPT	-10/1					
MIAMI FL						0.1	01.				****	236.	25_	***		25
						84	City						FL	85	Zip Code	
11. Pursuant	to the provis	lons of Sections 617.05	02 and 617.1508, FI	orida Statute:	s, the a	pove	-named	corporat	ion submit	s this state	ement for	the pur		changir	ng its reg	stered
office of f	registered ag am familiar w	lons of Sections 617.05 ent, or both, in the Stat th, and accept the ob-		nange was at 17.05Ω3. Flor	ithorize ida Sta	d by tules	r the cor s.	poration's	board of	directors.	I hereby a	ccept t	he app	ointmen	t as regis	tored
SIGNATURE	را لامدالك	MX & SI	ins.	Robi	RA	- /	LEU	(h)F	,	B. 1	n.	9	120	1/9	7	
OIGHAIOHE .	Sic unture, typed	or printed name of redistered a		(NOTE	Registere	d Age	int signatur	e required wh	en reinstating)			-4	DATE	/ 		
12.		OFFICERS AF	ND DIRECTORS		13.				ADDITIO	VS/CHAN	GES 10 0	FFICE	RS AND			
TITLE	PD	DORERT E		DELETE	1.1 1									☐ Chan	ge L	Addition
NAME		ROBERT E			1.2 N	AME										[]
STREET ADDRESS	ANIANI PI			1.3 \$		1.3 STREET ADDRESS										Į į
CITY-ST-ZIP	MIAMI FL			OF LETE	_	ITY-S	T-ZIP	ļ								
TITLE	VPD	0 0055	L	DELETE	2.1 TI									L Chan	ge 🛄	Addition
NAME	GERMAN				2.2 N			į								
STREET ADDRESS	641444 C1					2.3 STREET ADDRESS 2.4 CITY-ST-ZIP										
CITY-ST-ZIP TITLE	SD		<u> </u>	DELETE	3.1 TI		31 - ZIP	ļ						Chan	- n	Addition
NAME		ST, JAMES	L	DELLIE	3.1 II									L Chan	ge L	Addition
STREET ADDRESS		25TH ST, #205					4000000									•
CITY-SI-ZIP	MAMI FL				1		ADDRESS									
TITLE	-1707-11717 7 12			DELETE	4.1 Ti	11Y-5 TLF	i-zir							☐ Chan	пе П	Addition
NAME .			_		4.2 N										#~ ∟.	100.1101)
STREET ADWRESS							ADDRESS									
CITY-ST-ZIP						ITY-51										
TITLE				DELETE	5.1 TI	-	1 · 211							Chan	ne 🗍	Addition
NAME					5.2 N										. ســـ	
STREET ADDRESS					1		ADDRESS]								
CITY-ST-ZIP						ITY-ST										
TITLE				DELETE	6.1 T(Chan	pe T	Addition
NAME					6.2 N/			1				4	SL			
STREET ADDRESS							ADDRESS					•	10-	13-	• /	-
CITY-ST-ZIP						TY-ST							r			
				· · · · · · · · · · · · · · · · · · ·	21.01			L								

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 Plock 13 if changed, order an attachment with an address.