

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726227** (2)  
1. Corporation Name  
**LOCAL UNION 1026, INC.**



Principal Place of Business <b>2727 S. PARK RD. HALLANDALE FL 33009</b>		Mailing Address <b>2727 S. PARK RD. HALLANDALE FL 33009</b>		3. Date Incorporated or Qualified <b>04/26/1973</b>	
				4. FEI Number <b>59-1882481</b>	
				Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>24</b>		Country <b>25</b>		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 <b>WILDS, RANDALL D. 2727 SOUTH PARK ROAD HALLANDALE FL 33009</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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	P <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELIVEAU, MARTIN A.</b>	1.2 NAME	<b>John O'Neill</b>
STREET ADDRESS	<b>2727 S. PARK RD.</b>	1.3 STREET ADDRESS	<b>2727 South Park RD.</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	1.4 CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILDS, RANDALL D.</b>	2.2 NAME	<b>DONALD PABST</b>
STREET ADDRESS	<b>2727 S. PARK RD.</b>	2.3 STREET ADDRESS	<b>2727 S PARK RD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	2.4 CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAFFNEY, JOHN</b>	3.2 NAME	<b>JACK BRADLEY</b>
STREET ADDRESS	<b>2727 S. PARK RD.</b>	3.3 STREET ADDRESS	<b>2727 S PARK RD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	3.4 CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCRAE, EDDIE</b>	4.2 NAME	<b>KIRK SORESENSEN</b>
STREET ADDRESS	<b>2727 S. PARK RD.</b>	4.3 STREET ADDRESS	<b>2727 S PARK RD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	4.4 CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, NORBERT</b>	5.2 NAME	<b>WILLIAM SPENCER</b>
STREET ADDRESS	<b>2727 S. PARK RD.</b>	5.3 STREET ADDRESS	<b>2727 S PARK RD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	5.4 CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>MADDEN, DANIEL</b>	6.2 NAME	
STREET ADDRESS	<b>2727 SOUTH PARK ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John O'Neill* 2/5/98 (34) 981-1810

CR2E037 (10/97)