


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90016 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H38321

1. Corporation Name
74.5 INC.



Principal Place of Business LYNN S. WOLFF MARK J. WOLFF 115 W. SUNRISE AVE CORAL GABLES FL 33133-6909	Mailing Address LYNN S. WOLFF MARK J. WOLFF 115 W. SUNRISE AVE CORAL GABLES FL 33133-6909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 126 Gulfview Dr.	2a. Mailing Address 26 126 Gulfview Dr.	3. Date Incorporated or Qualified 01/15/1985	4. FEI Number 59-2482004	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Islamorada, FL.	28 City & State Islamorada, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 33036	25 Country USA	29 Zip 33036	30 Country USA.	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WOLFF, LYNN S. 115 W. SUNRISE AVE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name MARK J. WOLFF 82 Street Address (P.O. Box Number is Not Acceptable) 115 W. Sunrise Ave 83 84 City Coral Gables FL 85 Zip Code 33133
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.T. S.V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLFF, LYNN S.		1.2 NAME WOLFF, MARK J.	
STREET ADDRESS 115 W. SUNRISE AVE		1.3 STREET ADDRESS 115 W. Sunrise Ave	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP Coral Gables, FL 33133	
TITLE DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLFF, MARK J.		2.2 NAME	
STREET ADDRESS 115 W. SUNRISE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Mark J. Wolff, Director **MARK J. WOLFF** 2-10-99 (305) 623-2370
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)