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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H38321

1. Corporation Name
74.5 INC.



Principal Place of Business

Mailing Address

~~LYNN S. WOLFF~~ MARK J. WOLFF
115 W. SUNRISE AVE
CORAL GABLES FL 33133-6909

~~LYNN S. WOLFF~~ MARK J. WOLFF
115 W. SUNRISE AVE
CORAL GABLES FL 33133-6909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

2. Principal Place of Business

21 126 Gulfview Dr.

Suite, Apt. #, etc.

22

City & State

23 Islamorada, FL.

Zip

24 33036

Country

25 USA

2a. Mailing Address

26 126 Gulfview Dr.

Suite, Apt. #, etc.

27

City & State

28 Islamorada, FL.

Zip

29 33036

Country

30 USA.

4. FEI Number

59-2482004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☒ DELETE
NAME WOLFF, LYNN S.
STREET ADDRESS 115 W. SUNRISE AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE DV ☒ DELETE
NAME WOLFF, MARK J.
STREET ADDRESS 115 W. SUNRISE AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T. S.V.D. ☒ Change ☐ Addition
1.2 NAME WOLFF, MARK J.
1.3 STREET ADDRESS 115 W. Sunrise Ave
1.4 CITY-ST-ZIP Coral Gables, FL 33133

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

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)