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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M44996

(0)

772, INC.

Principal Place of Business

SO NE 1ST AVE HALLANDALE FL 33009 Mailing Address

30 NE 1ST AVE HALLANDALE FL 33009 FILED Feb 11 1998 8:00am Secretary of State



26 98

City & State Country Zip Country B, This corporation owes or has paid the current Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent LEVIN, MIRIAM 30 NE 1ST AVE HALLANDALE FL 33009 83 City FL 84 City FL 85 Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Country 8, This corporation owes or has paid the current Personal Property Tax due June 30. 10, Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FL 87 Street Address (P.O. Box Number is Not Acceptable) FL 88 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 cities.	ent Stip Code anging its registered
2a. Mailing Address 59-2757438 Suite, Apt #. etc. 5uite, Apt #. etc.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Livear Intangible Yes No ent Zip Code
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Suite, Apt. #. etc. Suite, Apt. #. etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees Lyear Intangible Yes No ent Zip Code
City & State State City & State Country Zip Country Zip Country B, This corporation owes or has paid the current Personal Property Tax due June 30. ID 9, Name and Address of Current Registered Agent LEVIN, MIRIAM 30 NE 1ST AVE HALLANDALE FL 33009 83 City Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 87 Street Address (P.O. Box Number is Not Acceptable)	\$5.00 May Be Added to Fees Lyear Intangible Yes No ent Zip Code
City & State Trust Fund Contribution Trust	\$5.00 May Be Added to Fees Lyear Intangible Yes No ent Zip Code
Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current Personal Property Tax due June 30. ID Y 9. Name and Address of Current Registered Agent LEVIN, MIRIAM 30 NE 1ST AVE HALLANDALE FL 33009 83 City FL 8 Trust Fund Contribution Registered Agent Personal Property Tax due June 30. ID Y 9. Name and Address of New Registered Agent 10, Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 84 City FL 8 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 characteristics.	Added to Fees Livear Intengible Ves No ent Zip Code Langing its registered
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Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent LEVIN, MIRIAM 30 NE 1ST AVE HALLANDALE FL 33009 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 81 Pursuant to the provisions of Sections 607,0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of che	ent Stip Code anging its registered
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Age LEVIN, MIRIAM 30 NE 1ST AVE HALLANDALE FL 33009 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 84 City FL 85 Pursuant to the provisions of Sections 607,0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of cities.	95 Zip Code
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	tment as 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 appointing 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 pille if appricable: (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	
	Change
NAME LEVIN, MIRIAM 1.2 NAME	
STREET ADDRESS 1849 S. OCEAN DR. #401 1.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 1.4 CITY-ST-ZIP	
	Change
NAME GIDALYAHV LEVIE 22 NAME	
STREET ADDRESS 1849 S OCEAN DR 401 2.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 2 4 CITY-ST-ZIP	
- 1 · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CIY-ST-ZIP	
	Change
NAME 4. 2 NAME	
STREET ADDRESS 43 STREET ADDRESS 4	I
CITY-ST-ZIP 4.4 CITY-ST-ZIP	05
	Change Addition
NAME 52 NAME	ļ
5.3 STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change I Addition
-	Change
NAME 6.2 NAME	
STREET ADDRESS 63 STREET ADDRESS	ļ
CMY-ST-ZIP 64/247-ZI-ZIP 64/247-ZI-ZIP 64/247-ZI-ZIP 64/247-ZIP 64	that the lafare star
14. Thereby 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 indicated on this annual report or supplementar finual report is true and accordate and that my signature shall have the same legal effect as if made under officer or director of the corporation or the prefere to employered to execute this report as required by Chapter 607, Florida Statutes; and that my ne Block 12 or Block 13 if changed, or on an adjustment with an address.	oath; that I am an ame appears in