FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25783

LREW LOCAL LINION NO. 750 BUILDING CORPORATIO

N									
Principal Plac	ce of Business	Mailing Address	Mailing Address				10 1 0 2 1 0 11 1	#\$####################################	
C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6607		C/O ROBERT A. SUGARMAN 301 N.E. 1ST STREET POMPANO BEACH FL 33060-6607		3. Date Incorporated or Qualified 04/06/1988 4. FEI Number	· · · · ·	Applied For			
1						65-0134164	-	Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address 26	—			5. Certificate of Status Desired	\$8.75	Additional Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	4	May Be	
22		27				Trust Fund Contribution		to Fees	
City & State		City & State	28			7. Is this nonprofit corporation a homeown	7- Is this nonprofit corporation a homeowners association? Yes No		
Zîp	Country Zip			untry		8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of C	29	30	1		Personal Property Tax due June 30.		∐ No	
14141 111	3. Name and Address of C	dirett negistered Agent	···	81	Name	10. Name and Address of New Registered	1 Agent		
SHICADA	IAN DODEDT A								
SUGARMAN, ROBERT A. 5959 BLUE LAGOON DR.				82	2 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 19				83					
MIAMI FL 33126				84	City		! :	. O t.	
					 ,	FI	L I I '	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 61 registered agent, or both, in the im familiar with, and accept the	7.0502 and 617.1508, Florida Sta State of Florida. Such change wa obligations of, Section 617.0503,	itutes, the a as authorize Florida Sta	bove d by tutes.	-named of the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing pointment a	its registered is registered	
SIGNATURE .									
12.	Signature, typed or printed name of register	red agent and title if applicable. (I S AND DIRECTORS	NOTE: Registere	d Agen	nt signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	IN DIDECTO	DC IN 12	
TITLE	DP	DELETE			Т	ADDITIONAL AND THE CANADA	☐ Change		
NAME	SKILLAS, GEORGE A.		1.2 N				vgv	/ Idakkon	
STREET ADDRESS	301 NE 1ST				ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		1	ITY-ST					
TITLE	D	DELETE					Change	Addition	
NAME	WHANG, SCHULYER	2.2 M		AME					
STREET ADDRESS	301 N.E. 1 ST		2.3 8		ADDRESS				
CITY-ST-ZIP			2.40	ITY-ST	T-ZIP				
TITLE	D	DELETE 3,1		TLE		÷ =	Change	☐ Addition	
NAME	RICHARD, LEO		3.2 N]				
STREET ADDRESS	301 NE 1ST ST.		3.3 STREE		ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL			3.4. CITY - ST					
TITLE	DS COLIEN DELEIMA	☐ DELETE	4.1 1				L Change	☐ Addition	
NAME	COHEN, DELFINA 301 NE 1ST			4, 2 NAME 4,3 STREET ADD					
STREET ADDRESS	POMPANO BEACH FL								
CITY-ST-ZIP TITLE	D DEAGH FE	DELETE		TY-ST-	- ZIP	D	☐ Change	Addition	
NAME	WIND, THOMAS	× 55.21.1		5.1 TITLE 5.2 NAME		TIM HAYNICK	L Change	Addition	
STREET ADDRESS	301 NE 1ST				DDRESS	TIM HAYNICK 30/ NE 1 ST			
CITY-ST-ZIP	POMPANO BCH. FL			TY-ST-	_710 A		3060		
TITLE	DT DT	☐ DELETE	6.1 TI		- LIF T	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition	
NAME	CROSSON, WALTER	_	6.2 NA						
STREET ADDRESS	301 SE 1ST				DORESS				
	DOMENNO DOM FI			-	1				

 I hereby certify that the information supplied with this filing does not qual indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trus mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 617, Florida Statutes; and that my name appears in WHLTER T. CROSSON

TREASURER

1-8-98 946-8561

FILED

Jan 20 1998 8:00am

Secretary of State