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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90058 005 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N97000002567

1. Corporation Name

LOCAL 780 I.A.T.S.E., INC. LAND CORPORATION

Principal Place of Business
125 NORTH BREVARD AVENUE
COCOA BEACH FL 32931

Mailing Address
125 NORTH BREVARD AVENUE
COCOA BEACH FL 32931



| | | |
|---|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 05/07/1997 4. FEI Number 36-2028354 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

9. Name and Address of Current Registered Agent

YOUNGER, ANDREW
3950 S. BANANA RIVER BLVD.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | YOUNGER, ANDREW | 1.2 NAME | |
| STREET ADDRESS | 3950 S. BANANA RIVER BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | BERKOWITZ, PAUL | 2.2 NAME | |
| STREET ADDRESS | 111 W. JACKSON BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60604 | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | |
| NAME | TIBERI, BOB | 3.2 NAME | |
| STREET ADDRESS | 30 N. LASALLE STREET SUITE 4200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60604 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 617, 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jan 1999

Date

407 784 0231

Daytime Phone #

CR2E037 (11/98)

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