

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90047 025 ****61.25

DOCUMENT # N97000003919

1. Corporation Name
761, INC.

Principal Place of Business
761 SW 13TH COURT
POMPANO BEACH FL 33060

Mailing Address
761 SW 13TH COURT
POMPANO BEACH FL 33060



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/09/1997
City & State	City & State	4. FEI Number
Zip	Zip	APPLIED FOR 65-0523314
Country	Country	Applied For
25	29	Not Applicable
30		5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

LOCASCIO, RICHARD L
1690 NNW 61ST AVE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name	Sherman Smith
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1201 SW 4th Court
84 City	Boca Raton
85 Zip Code	FL 33432

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	LOCASCIO, RICHARD L	1.1 TITLE	Treasurer T.D. Sherman Smith
NAME	1690 NW 61ST AVE	1.2 NAME	1201 SW 4th Ct.
STREET ADDRESS	MARGATE FL 33063	1.3 STREET ADDRESS	Boca Raton, FL 33432
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	EISNER, HOLLIS	2.2 NAME	
STREET ADDRESS	22980 SANDALFOOT BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CLUTE, JACK	3.2 NAME	
STREET ADDRESS	5716 NW 22ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/7/99 DAYTIME PHONE #: 5613958255

CR2E037 (11/98)