## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Sep 14, 2004 8:00 am Secretary of State DOCUMENT # N97000003919 1. Entity Name 09-14-2004 90003 014 \*\*\*\*61.25 761, INC. Principal Place of Business Mailing Address **761 SW 13TH COURT** 761 SW 13TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 65-0818269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hous BISNER SMITH, SHERMAN Street Address (P.O. Box Number is Not Acceptable) 1201 SW 4TH COURT **BOCA RATON FL 33432** 22980 SANDALFOUT BLUD BUCA RATON 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE TITLE Delete Delete Change ☐ Addition SMITH, SHERMAN NAME NAME 1201 SW 4TH CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ח TD TITLE Delete TITLE Change ☐ Addition EISNER, HOLLIS the cus Eisher NAME NAME 22980 SANDALFOOT BLVD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-719 D TIBE ☐ Delete TITLE ☐ Change ☐ Addition CLUTE, JACK NAME NAME 5716 NW 22ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP VICE PLESIDEDI Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POHPANO BLACK 35064 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**