## 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

P9400006479 (7) DOCUMENT # 777 PROPERTIES, INC. Principal Place of Business Mailing Address 777 S STATE RD 7 BOX 63-4039 MARGATE FL 33068 BOX 63-4039 MARGATE FL 33093 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0479721 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due Juno 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHOOSTER, MICHAEL 777 SOUTH STATE RD. 7 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33068 83 84 City 85 Zip Code FL 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 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, Soction 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE ☐ Change SHOOSTER, MICHAEL NAME 1.2 NAME **777 S. STATE RD RD 7** STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 3.1 Tift F NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CICNATURE.

14. I hereby certify that the information supplied with this Indicated on this annual roport or supplemental and officer or director of the corporation of the receiver of Block 12 or Block 13 if changed, or on all apprin

CITY-ST-ZIP

Joseph Description Stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an occurrence of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

41098 973-7300

**FILED** 

Apr 17 1998 8:00am

Secretary of State