## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

750 BUILDING, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000041520 (2)

Principal Place of Business

Mailing Address

## FILED Feb 11 1998 8:00am Secretary of State



1008 venetian blvd Islamorada fl 33036		1008 venetian blyd Islamorada fl 33036		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 05/09/1997		
2. Principal P	flace of Business	2a. Mailing Address			4. FEI Number	<i>_</i>	Applied For
21		26		65-0764716	1	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	O May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cou			8. This corporation owes or has paid the cu		
24	25	29 3	0			7	∐ No
ie:	9, Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered	'Agent	
	NKINS, DARRYL		انا	Name			J
	08 VENETIAN BLVD		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
131	LAMORADA FL 33036		00				
			83				
			84	City		<b>85</b> Zip	Code
<del>Б</del> Т					FL	<b>-</b>	
Office of fi	egistered agent, or both, in the State m familiar with, and accept the obligations.	ol Florida. Such change was aut	lharized by	the cornor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the appropriate the control of the control	il changing pointment a	its registered s registered
SIGNATURE	Signature, typical or printed narrie of registered agei	of and fille if applicable (NOTE, A	Registered Age	nt signature rec	quired when reinstaling! DATE		<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	ס	☐ DELETE	1.1 TITLE			Change	
NAME	<b>Je</b> nkins, Darryl		1.2 NAME				
STREET ADDRESS	1008 VENETIAN BLVD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY - 51 - ZIP				
TITLE	D DELETE		2.1 TITLE			Change	Addition
NAME	ROBINSON, DONALD	01	2.2 NAME				_
STREET ADDRESS	BOX 730 42554 M	26616 Moves Ka	2.3 STRÉET	ADDRESS			
CITY-ST-ZIP	PAISLEY FL 32767		2. 4 CITY - S	1			
TITLE		DELETE	31 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	T-ZIP			
TITLE	DELETE		4.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREET .	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1				
TITLE		☐ DELET <b>E</b>	5.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 C(TY-S)				
TITLE		☐ DELETE	6.1 TITLE		9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Change	Addition
NAME			6.2 NAME			_ •	
STREET ADDRESS			6.3 STREET	ADDRESS			•
CITY-ST-ZIP			6.4 CiTY-ST				
14. I hereby co	ertify that the information supplied wil	h this filing does not qualify for t	he exempt	ion stated i	in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the	e information
indicated of officer or d	on this annual report or supplemental	annual report is true and accurativer or trustee empowered to exe	ate and tha ecute this r	t my signal	ture shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and that r	ider oath: th	nat Lam an