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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$88902

1. Corporation Name

······· i ADDRESS

GROUP 746 INCORPORATED

Principal Place of Business Mailing Address					I (#\$\18\8\\$ fet 19\8\ i Bill 19\10\ i
BOCA RATON FL 33432 BOCA		1928 THATCH PALM DR BOCA RATON FL 33432	OCA RATON FL 33432		DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualifed 10/21/1991
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0313703 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	e .	City & State	¬ '		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29 3	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
81 Name					
SIMMS, FREDERICK V. 1928 THATCH PALM DR			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			8	3	
•			8	4 City	85 Zip Code
•			Ì	1 1	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, Section 607.0505, Florida Statutes. SIGNATURE					
	Signature, typed or printed name of registered agent			ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SIMMS, FREDERICK V.	_	1.2 NAME		
STREET ADDRESS	1928 THATCH PALM DR		1.3 STREE		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-	1	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
OTTY-ST-ZIP			2.4 CITY		The same of the sa
TITLE (1		3.1 TITLE	1	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE		☐ Change ☐ Addition
TITLE NAME		Doctor	4.1 III.LE		
STREET ADDRESS				ET ADDRESS	
OTTY ST ZIP			4,4 CITY-	1	•
HILE	 	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME	: [•
···· i audkess			5.3 STRE	ET ADDRESS	
ST-ZIP			5.4 CITY-	ST-ZIP	·

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 empressental 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

□ DELETE

Change

☐ Addition

CR2E034 (11/98)

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

04-21-1999 90004 001 ***150.00