

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

**FILED**

**Apr 08 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V64479 (1)**

**1781 BUILDING, INC.**



Principal Place of Business: **1781 SW 7TH AVE POMPANO BEACH FL**  
 Mailing Address: **1781 SW 7TH AVE POMPANO BEACH FL 33060-9025**

3. Date Incorporated or Qualified: **09/17/1992**  
 3a. Date of Last Report: **02/22/1996**  
 4. FEI Number: **65-0375493**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  **Yes**  **No**

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**  
**RODRIGUEZ, MARTIN**  
**1781 SW 7TH AVE**  
**POMPANO BEACH FL**

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, MARTIN</b>	
STREET ADDRESS	<b>1781 SW 7TH AVE</b>	
CITY - ST - ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSEMAN, LARRY</b>	
STREET ADDRESS	<b>2415 AUBURN LN</b>	
CITY - ST - ZIP	<b>NORTHBROOK IL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ORTIZ, JULIO</b>	
STREET ADDRESS	<b>872 SW 68TH AVE</b>	
CITY - ST - ZIP	<b>N LAUDERDALE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAELS, JOEL</b>	
STREET ADDRESS	<b>1508 GRANT</b>	
CITY - ST - ZIP	<b>NORTHBROOK IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **3-31-97 954-784-7631**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)