

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 038 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L50511

1. Corporation Name
9240 CORPORATION, INC.



Principal Place of Business
 C/O DAVID N. ROSNER
 6067 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024

Mailing Address
 C/O DAVID N. ROSNER
 6067 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1990

4. FEI Number
65-0175642 Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2599 NW 63RD LANE
 Suite, Apt. #, etc. **22**

2a. Mailing Address
26 2599 NW 63RD LANE
 Suite, Apt. #, etc. **27**

City & State
23 BOCA RATON, FLORIDA
 Zip Country **29** 33496 **30** U.S.A.

9. Name and Address of Current Registered Agent
ROSNER, DAVID N.
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2599 NW 63RD LANE

83

84 City **BOCA RATON** **FL** **85** Zip Code **33496**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, JEFFREY	1.2 NAME	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	5701 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, RANDY	2.2 NAME	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	5701 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, MICHELLE	3.2 NAME	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	3.3 STREET ADDRESS	318 E. RIVERBEND DRIVE
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33328
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Randy Sutton SIGNATURE REQUIRED **RANDY D. SUTTON** 4/30/99 (954) 316-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)