

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 10:16

DOCUMENT # P93000078954 (3)

1. Corporation Name

9404 CORPORATION

Principal Place of Business

**% HOWARD W. GORDON
201 ALHAMBRA CIR SUITE 1200
CORAL GABLES FL 33134**

Mailing Address

**% HOWARD W. GORDON
201 ALHAMBRA CIR SUITE 1200
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0464717

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GORDON, HOWARD W
201 ALHAMBRA CIR
SUITE 1200
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and the filer, respectively.

NOTE: Registered Agent signature required when consolidating.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GORDON, HOWARD W
201 ALHAMBRA CIR SUITE 1200
CORAL GABLES FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
SCHWADRON, JACK
390 W. CARMEL VALLEY RD.
CARMEL VALLEY CA 93924**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VSTD
SCHWADRON, DAVID
10350 SW 125 ST.
MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment to this report.

SIGNATURE:

Howard W. Gordon
TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

12 Jan 95
DATE

(System Use Only)