

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000078954 (3)**

1. Corporation Name

9404 CORPORATION



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 9404 NW 49 PLACE

26 9404 NW 49 PLACE

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

23 SUNRISE, FL

28 SUNRISE, FL

24 Zip

25 Country

24 33351

25 Broward

29 Zip

30 Country

29 33351

30 Broward

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

01/19/1995

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

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 type for printed name of a general agent and fee if applicable

(None) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D GORDON, HOWARD W
NAME GORDON, HOWARD W
STREET ADDRESS 201 ALHAMBRA CIR SUITE 1200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD SCHWADRON, JACK
NAME SCHWADRON, JACK
STREET ADDRESS 390 W. CARMEL VALLEY RD.
CITY-ST-ZIP CARMEL VALLEY CA 93924

TITLE VSTD SCHWADRON, DAVID
NAME SCHWADRON, DAVID
STREET ADDRESS 10350 SW 125 ST.
CITY-ST-ZIP 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 D
1.2 NAME EVAN SCHWADRON
1.3 STREET ADDRESS 9404 NW 49 PL
1.4 CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE PD
2.2 NAME JACK SCHWADRON
2.3 STREET ADDRESS 9404 NW 49 PL
2.4 CITY-ST-ZIP SUNRISE, FL 33351

3.1 TITLE D
3.2 NAME LAURIE & LAUREN
3.3 STREET ADDRESS 9404 NW 49 PL
3.4 CITY-ST-ZIP SUNRISE, FL, 33351

4.1 TITLE D
4.2 NAME Helene SCHREIBER
4.3 STREET ADDRESS 9404 NW 49 PL
4.4 CITY-ST-ZIP SUNRISE, FL. 33351

5.1 TITLE VSTD
5.2 NAME DAVID SCHWADRON
5.3 STREET ADDRESS 9404 NW 49 PL
5.4 CITY-ST-ZIP SUNRISE, FL. 33351

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

DAVID SCHWADRON

7/1/96 (954) 749-7769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)