

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000078954 (3)

1. Corporation Name
9404 CORPORATION



Principal Place of Business 9404 NW 49 PLACE 201 ALHAMBRA CIR SUITE 1200 SUNRISE FL 33351 US	Mailing Address 9404 NW 49 PLACE 201 ALHAMBRA CIR SUITE 1200 SUNRISE FL 33351 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1993

2. Principal Place of Business 21 9404 NW 49 PLACE Suite, Apt. #, etc. 22 OFFICE City & State 23 SUNRISE, Zip 24 33351	2a. Mailing Address 26 9404 NW 49 PLACE Suite, Apt. #, etc. 27 City & State 28 SUNRISE, Zip 29 33351
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4. FEI Number
65-0464717

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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)
100 SE 2ND ST
17 FLOOR
 84 City **MIAMI** FL 85 Zip Code **33131**

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 Howard Gordon (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	SCHWADRON, EVAN	
STREET ADDRESS	9404 NW 49 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PD	<input type="checkbox"/>
NAME	SCHWADRON, JACK	
STREET ADDRESS	9404 NW 49 PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VSTD	<input type="checkbox"/>
NAME	SCHWADRON, DAVID	
STREET ADDRESS	10350 SW 125 ST.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/>
NAME	LAUREN, LAURIE	
STREET ADDRESS	9404 NW 49TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/>
NAME	SCHREIBER, HELAINE	
STREET ADDRESS	9404 NW 49TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 supplement 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 on an attachment with an address.

SIGNATURE: [Signature] 2/19/98 954-749-7269

CFR2E034 (10/97)