

*AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P98000057584
 1. Entity Name
 9600 BUILDING, INC.

FILED

01 DEC -4 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 9600 W. Sample Road 5340 N. Federal Highway
 Suite 300 Suite 107
 Coral Springs, FL 33065 Lighthouse Point, FL 33064

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 300 Suite 300

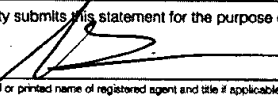
DO NOT WRITE IN THIS SPACE

City & State City & State
 Coral Springs, FL Coral Springs, FL

4. FEI Number Applied For
 65-0847052 Not Applicable

6. Name and Address of Current Registered Agent
 Frigola, Michelle CPA
 5340 No. Fed. Hwy., Ste 107
 Lighthouse Point, FL 33064

7. Name and Address of New Registered Agent
 Name Steven W. Deutsch, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
 7806 SW 6 Ct.
 City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  DATE 12/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sneider, Andrew I. 5340 No. Fed. Hwy. Ste 107 Lighthouse Point, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sneider, Andrew I. 9600 W. Sample Road, Ste 300 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 12/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



PAyc 2012

ACCOUNT NO. : 072100000032
REFERENCE : 555906 9029A
AUTHORIZATION : Patricia Pizito
COST LIMIT : \$ 70.00

ORDER DATE : December 4, 2001
ORDER TIME : 10:52 AM
ORDER NO. : 555906-025
CUSTOMER NO: 9029A
CUSTOMER: Ms. Lorraine Vanella
Frank Weinberg & Black, Pl
7805 Sw 6th Court
Plantation, FL 33324

RECEIVED
01 DEC -4 AM 11: 54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

AMENDED

NAME: 9600 BUILDING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: _____