

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S06096 (9)**

1. Corporation Name  
**NINE MILE ROAD, INC.**



Principal Place of Business ATTN: TERI TRIMMER <del>200 EAST LAS OLAS BLVD., STE. 1400</del> <del>FT. LAUDERDALE FL 33301</del> US	Mailing Address ATTN: TERI TRIMMER <del>200 EAST LAS OLAS BLVD., STE. 1400</del> <del>FT. LAUDERDALE FL 33301-3249</del> US
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3. Date Incorporated or Qualified <b>10/12/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3050021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>450 E. Las Olas Blvd.</b> Suite, Apt. #, etc. 22 <b>Ste. 1200</b> City & State 23 <b>Ft. Lauderdale, FL</b> Zip 24 <b>33301</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>450 E. Las Olas Blvd.</b> Suite, Apt. #, etc. 27 <b>Ste. 1200</b> City & State 28 <b>Ft. Lauderdale, FL</b> Zip 29 <b>33301</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**CT CORPORATION**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W</b>
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1400</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GUERIN, ROBERT</b>
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1400</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>AST</b> <input type="checkbox"/> DELETE
NAME	<b>PEDDY, COURTLAND</b>
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1400</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, FELIX A</b>
STREET ADDRESS	<b>218 MORGAN AVENUE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32254</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TRIMMER, TERI</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE 1400</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, ROB</b>
STREET ADDRESS	<b>218 MORGAN AVENUE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32254</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Harris W. Hudson</b>
1.3 STREET ADDRESS	<b>450 E. LAS OLAS BLVD. #1200</b>
1.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>
2.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Richard L. Handley</b>
2.3 STREET ADDRESS	<b>450 E. LAS OLAS BLVD. #1200</b>
2.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>
3.1 TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Courtland Peddy</b>
3.3 STREET ADDRESS	<b>450 E. LAS OLAS BLVD. #1200</b>
3.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* **Richard L. Handley** **954-713-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)