

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S06096 (9)
1. Corporation Name
NINE MILE ROAD, INC.



Principal Place of Business: 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US
Mailing Address: 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 110 S.E. 6th Street
Suite, Apt. #, etc. 22 20th Floor
City & State 23 Fort Lauderdale, FL
Zip 24 33301 Country 25 US

2a. Mailing Address
26 110 S.E. 6th Street
Suite, Apt. #, etc. 27 20th Floor
City & State 28 Fort Lauderdale, FL
Zip 29 33301 Country 30 US

3. Date Incorporated or Qualified: 10/12/1990
4. FEI Number: 59-3050021 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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
85 Zip Code: FL

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: D	<input type="checkbox"/> DELETE
NAME: HUDSON, HARRIS W	
STREET ADDRESS: 450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP: FORT LAUDERDALE FL	
TITLE: VS	<input checked="" type="checkbox"/> DELETE
NAME: HANDLEY, RICHARD L.	
STREET ADDRESS: 450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP: FORT LAUDERDALE FL	
TITLE: AS	<input checked="" type="checkbox"/> DELETE
NAME: PEDDY, COURTLAND	
STREET ADDRESS: 450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP: FORT LAUDERDALE FL	
TITLE: P	<input type="checkbox"/> DELETE
NAME: CRAWFORD, FELIX A	
STREET ADDRESS: 218 MORGAN AVENUE	
CITY-ST-ZIP: JACKSONVILLE FL 32254	
TITLE: V	<input type="checkbox"/> DELETE
NAME: CRAWFORD, ROB	
STREET ADDRESS: 218 MORGAN AVENUE	
CITY-ST-ZIP: JACKSONVILLE FL 32254	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VS Cole, James, O.
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AS Barclay, David A.
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
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 checked="" type="checkbox"/> Addition
6.2 NAME	T AS Harrison Alan B.
6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or changed, or on an attachment with an address.

SIGNATURE: _____ James O Cole 3/16/98 954-769-7221

CR2E034 (10/97)