

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S76365** (3)

1. Corporation Name
ABKEY NO. 9, INC.



Principal Place of Business: **3444 MAIN HWY. 3RD HWY P O BOX 330927 COCONUT GROVE FL 33323-0927 US**

Mailing Address: **P O BOX 330927 3RD FLOOR COCONUT GROVE FL 33233-927 US**

3. Date Incorporated or Qualified: **08/28/1991** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0298844** 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

2. Principal Place of Business: **21 3444 Main Highway** Suite, Apt. #, etc.: **22 Third Floor** City & State: **23 Coconut Grove, FL** Zip: **24 33133** Country: **25 US**

2a. Mailing Address: **26 P. O. Box 330927** Suite, Apt. #, etc.: **27** City & State: **28 Coconut Grove, FL** Zip: **29 33233** Country: **30 US**

9. Name and Address of Current Registered Agent: **CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131**

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: _____ DATE: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | AMOS, BETTY G. | |
| STREET ADDRESS | 13724 S.E. 92 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | 3444 Main Highway, Third Floor |
| 1.4 CITY-ST-ZIP | Coconut Grove, FL 33133 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Amos* **BETTY AMOS** 4/15/96 305-442-4284

CR2E034 (12/95)