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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 98 HAY -4 AM 10: 01 DOCUMENT # F9600003540 (9) SECRETARY OF STATE TALLAHASSEE, FLORIDA GRAND COURT FACILITIES, INC., IX Principal Place of Business Mailing Address 2650 N MILITARY TR #350 2650 N MILITARY TR #350 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0680262 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS ST #2 Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 <del>000002513840</del> 83 -05/06/98--01097--002 \*\*\*1588. 84 City \*\* | \*\* | 50te () () 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 Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a sept the obligations of Socilion 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE RODIN, BERNARD M NAME 1.2 NAME 2650 N MILITARY TR #350 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DC LUCIANI, JOHN NAME 2.2 NAME 2650 N MILITARY TR #350 STREET ADDRESS 2.3 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE LUCIANI, DORIAN NAME 3.2 NAME 2650 N MILITARY TR #350 STREET ADDRESS 3.3 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 Till.E NAME MARLOWE, KEITH 4. 2 NAME STREET ADDRESS 2650 N MILITARY TR #350 4.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE MERLINO, CATHERINE NAME **5.2 NAME** 2650 N MILITARY TR #350 STREET ADDRESS 5.3 STREET ADDRESS **BOCA RATON FL 33431** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change **Addition** TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 armual report or supplienced a cruial 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 of 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 or an attachment with an address.