

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 JUL 24 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000002376**  
1. Corporation Name  
**9191 SOUTH DIXIE, INC.**

Principal Place of Business Mailing Address  
**100 BAY COLONY LANE  
FORT LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a Mailing Address		3. Date Incorporated or Qualified	
21		26		05/05/97	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0753499	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>JAMES L. BERGER, ESQ. 100 N.E. 3RD AVENUE, #400 FORT LAUDERDALE, FL 33301</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D,P,S,T <input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, GAYLA SUE		12 NAME		
STREET ADDRESS	100 BAY COLONY LANE		13 STREET ADDRESS	500002601985--6	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		14 CITY-ST-ZIP	-07/29/98 --01090--017	
TITLE	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 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: *Gayla Sue Levin* (954) 491-6150

CR2E034 (10/97)