

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 # **G94460** (4)

1. Corporation Name

DIVISION NINE, INC.



Principal Place of Business

Mailing Address

C/O JAMES SCHLEGEL
6372 LA COSTA DRIVE - #706
BOCA RATON FL 33433

C/O JAMES SCHLEGEL
6372 LA COSTA DRIVE - #706
BOCA RATON FL 33433

3. Date Incorporated or Qualified

04/03/1984

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **9934 NW 6 Ct.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **Bldg 10**

28 City & State

PLANTATION FL

29 City & State

24 **33324**

25 **BROWARD**

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLEGEL, JAMES

6372 LA COSTA DR., #706

BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9934 NW 6 Ct Bldg 10

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SCHLEGEL, JAMES**
STREET ADDRESS **6372 LA COSTA DR., #706**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **SCHLEGEL, CATHRYN**
STREET ADDRESS **6372 LA COSTA DR., #706**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **ROTH, RALPH**
STREET ADDRESS **2420 NW 35 ST.**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **9934 NW 6 Ct Bldg 10**
1.3 STREET ADDRESS **PLANTATION FL 33324**
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **9934 NW 6 Ct Bldg 10**
2.3 STREET ADDRESS **PLANTATION FL 33324**
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

954-236-0002

Date

Daytime Phone #

CR2E034 (12/95)