

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 # L39106 (4)

1. Corporation Name

NINER PROPERTIES, INC.

Principal Place of Business

**NINER PROPERTIES, INC.
1601 MCCLOSKEY BLVD.
TAMPA, FL 33605-6710**

Mailing Address

**NINER PROPERTIES, INC.
1601 MCCLOSKEY BLVD.
TAMPA, FL 33605-6710**

3. Date Incorporated or Qualified
12/29/1989

3a. Date of Last Report
1995

2. Principal Place of Business

21 **1601 MCCLOSKEY BOULEVARD**

Suite, Apt. #, etc.

22
City & State
TAMPA, FLORIDA

24 **33605-6710** 25 **U.S.A.**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27
City & State

29 **33605-6710** 30 **U.S.A.**

4. FEI Number

59-3015297

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

9. Name and Address of Current Registered Agent

**BISCAYNE REGISTERED AGENTS, INC.
CENTRUST FINANCIAL CENTER
100 SE 2ND STREET, SUITE 2100
MIAMI, FLORIDA 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 their appointment

(NOTE: Registered Agent signature required when revalidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D/P** ☐ DELETE
NAME **BARKETT, ANTHONY J.**
STREET ADDRESS **1601 MCCLOSKEY BOULEVARD**
CITY-STATE-ZIP **TAMPA, FLORIDA 33605-6710**

TITLE **D/S** ☐ DELETE
NAME **BARKETT, KENNETH D.**
STREET ADDRESS **1601 MCCLOSKEY BOULEVARD**
CITY-STATE-ZIP **TAMPA, FLORIDA 33605-6710**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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

KENNETH D. BARKETT, SECRETARY

02/14/96

Date

(813) 248-1980

Daytime Phone #

CR2E034 (12/95)