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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004180 (6)

1. Corporation Name

FIPA REGION #9, INC.



Principal Place of Business

Mailing Address

2240 WOOLBRIGHT ROAD
SUITE 326
BOYTON BEACH FL 334262240 WOOLBRIGHT ROAD
SUITE 326
BOYTON BEACH FL 33426-63653. Date Incorporated or Qualified
09/15/19933a. Date of Last Report
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0436565Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRDSALL, LYNN E.
2240 WOOLBRIGHT ROAD
SUITE 326
BOYTON BEACH FL 33426

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KUCERO, FRANK E
STREET ADDRESS 229 N.E. GEB BUSH BLVD.
CITY-ST-ZIP DELRAY BEACH FL 334441.1 TITLE
1.2 NAME KUCERA, FRANK E.
1.3 STREET ADDRESS 229 GEB. BUSH BLVD
1.4 CITY-ST-ZIP Delray Bch, FL 33444TITLE DVP
NAME MASSOUNI, MAS G
STREET ADDRESS 1500 N. DIXIE, #104
CITY-ST-ZIP W PALM BEACH FL 334072.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS
NAME SELTZER, PAUL D
STREET ADDRESS 2051 45TH ST., #101
CITY-ST-ZIP WEST PALM BEACH FL 334073.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME ALLRED, THOMAS J
STREET ADDRESS 15485 MEADOW WOOD RUN
CITY-ST-ZIP W PALM BEACH FL4.1 TITLE TD
4.2 NAME JR SMITH
4.3 STREET ADDRESS 515 S. FEDERAL HWY
4.4 CITY-ST-ZIP BOYNTON Bch, FL 33435TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank S. Kucera MD 1-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041705

CR2E037 (9/96)