


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 2240 WOOLBRIGHT ROAD SUITE 326 BOYTON BEACH FL 33426			Mailing Address 2240 WOOLBRIGHT ROAD SUITE 326 BOYTON BEACH FL 33426		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/15/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0436565	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Country 25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BIRDSALL, LYNN 2240 WOOLBRIGHT ROAD SUITE 326 BOYTON BEACH FL 33426			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 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					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	KUCERO, FRANK E				
STREET ADDRESS	229 N.E. GEB BUSH BLVD.				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	MASSOUNI, MAS G				
STREET ADDRESS	1500 N. DIXIE, #104				
CITY-ST-ZIP	W PALM BEACH FL 33407				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SELTZER, PAUL D				
STREET ADDRESS	2051 45TH ST., #101				
CITY-ST-ZIP	WEST PALM BEACH FL 33407				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	JR. SMITH				
STREET ADDRESS	515 S. FEDERAL HWY				
CITY-ST-ZIP	BOYNTON BCH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME Dheshire, McKinley					
1.3 STREET ADDRESS 914 No. OLIVE AVE					
1.4 CITY-ST-ZIP West Palm Bch, FL 33401					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



SIGNATURE:

SIGNATURE REQUIRED

1-12-98 (1-561-374-6177)

CR2E037 (10/97)