


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90062 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004180					
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 2051 45th ST Suite, Apt. #, etc. 22 101		2a. Mailing Address 26 2051 45th ST Suite, Apt. #, etc. 27 101		3. Date Incorporated or Qualified 09/15/1993	
City & State 23 WEST Palm Beach Zip 24 33407		City & State 28 WEST Palm Beach Zip 29 33407		4. FEI Number 65-0436565	
Country 25 Palm Beach		Country 30 Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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 BIRDSALL, LYNN 2240 WOOLBRIGHT ROAD SUITE 326 BOYTON BEACH FL 33426				10. Name and Address of New Registered Agent 81 Name PETER N. BONITATIBUS 82 Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY #222 83 84 City BOCA RATON FL 85 Zip Code 33432			
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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 PETER N. BONITATIBUS DATE 1-17-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KUCERO, FRANK E		1.2 NAME				
STREET ADDRESS	229 N.E. GEB BUSH BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MASSOUNI, MAS G		2.2 NAME				
STREET ADDRESS	1500 N. DIXIE, #104		2.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL 33407		2.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SELTZER, PAUL D		3.2 NAME				
STREET ADDRESS	2051 45TH ST., #101		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33407		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JR. SMITH		4.2 NAME				
STREET ADDRESS	515 S. FEDERAL HWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BCH FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCKINLEY, CHESHIRE		5.2 NAME				
STREET ADDRESS	914 NO OLIVE AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Roke DATE 1-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)