

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000077613 (6)**

1. Corporation Name  
**4747 NOB HILL, INC.**



Principal Place of Business: **4700 HIATUS RD SUITE 152-B SUNRISE FL 33351**  
Mailing Address: **4700 HIATUS RD SUITE 152-B SUNRISE FL 33351-7951**

3. Date Incorporated or Qualified: **11/09/1993**  
3a. Date of Last Report: **01/26/1996**  
4. FEI Number: **65-0446888**  
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

2. Principal Place of Business: **4700 Hiatus Road Suite 153 Sunrise, FL 33351 USA**  
2a. Mailing Address: **4700 Hiatus Road Suite 153 Sunrise, FL 33351 USA**

9. Name and Address of Current Registered Agent: **GENET, BENJAMIN 4700 HIATUS RD SUITE 152-B SUNRISE FL 33351**

10. Name and Address of New Registered Agent: **Genet, Benjamin J. 4700 Hiatus Road Suite 153 Sunrise FL 33351**

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.  
**Benjamin J. Genet, President** **15 January 1997**

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>GENET, BENJAMIN</b>	
STREET ADDRESS: <b>4700 HIATUS RD SUITE 152-B</b>	
CITY-ST-ZIP: <b>SUNRISE FL 33351</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
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: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>Genet, Benjamin J.</b>	
1.3 STREET ADDRESS: <b>4700 Hiatus Road, Suite 153</b>	
1.4 CITY-ST-ZIP: <b>Sunrise, FL 33351</b>	
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:	

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; 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 of this report, or on an attachment with an address.

**SIGNATURE: Benjamin J. Genet, Pres/Sec/Tres 15 Jan 97 (954) 572-9159**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)