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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000030525 (6)

NINE-TEN OF BOCA RATON, INC.

Principal Place of Business Mailing Address P.O. BOX 3760 6353 W. ROGERS CIRCLE **BOCA RATON FL 33427 BOCA RATON FL 33487** 3. Date incorporated or Qualified 3a. Date of Last Report 04/19/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0588464 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name HAHAMOVITCH, HARRY H 6353 W. ROGERS CIRCLE Street Address (P.O. Box Number is Not Acceptable) SUITE 1 **BOCA RATON FL 33487** 83 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 ± am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Slip afure, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. **DPST** DELETE Char ge Addition TITLE 1.1 TITLE HAHAMOVITCH, HARRY H NAME 1.2 NAME 6353 W. ROGERS CIRCLE #1 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CiTY-ST-ZIP CITY: ST-ZIE DELETE Charge Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 7IF DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAMé 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE. 6.1 TITLE NAME 6.2 NAME

> 63 STREET ADDRESS 64 CITY-ST-2IP

MANUTCH PRESIDENT

SIGNATURE:

14. I do hereby certify that the information supplied with this filin information indicated on this annual report or supplemental Lam an officer or director of the corporation or the december appears in Block 12 or Block 13 if changed, or or shightarm

STREET ADDRESS

City-St-7i2

SIGNAVAY REQUIRED

4-7-97

by boes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the abrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it trustre empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name here with an address.

561-994-2233

FILED

Apr 22 1997 8:00am

Secretary of State

ime Phone #