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Mar 17 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 # S06096 (9)
1. Corporation Name
NINE MILE ROAD, INC.



Principal Place of Business: ATTN: TERI TRIMMER, 200 EAST LAS OLAS BLVD., STE. 1400, FT. LAUDERDALE FL 33301, US

Mailing Address: ATTN: TERI TRIMMER, 200 EAST LAS OLAS BLVD., STE. 1400, FT. LAUDERDALE FL 33301, US

3. Date Incorporated or Qualified: 10/12/1990
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-3050021
Applied For: Not Applicable

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: 21 450 E. Las Olas Blvd., Ste. 1200, Ft. Lauderdale, FL 33301, USA

2a. Mailing Address: 26 450 E. Las Olas Blvd., Ste. 1200, Ft. Lauderdale, FL 33301, USA

9. Name and Address of Current Registered Agent: CT CORPORATION, 1200 S. PINE ISLAND RD., PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City: FL, 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GUERIN, ROBERT	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FELIX A	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	TRIMMER, TERI	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400	
CITY-ST-ZIP	OAKLAND PARK FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAWFORD, ROB	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harris W. Hudson	
1.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	V3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard L. Handley	
2.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	A5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Courtland Peddy	
3.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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 or 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, changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signatures]* DATE: _____ DAYTIME PHONE #: 954-713-5200

CR2E034 (9/96)