

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

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Mar 30 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S06096 (9)**  
 1. Corporation Name  
**NINE MILE ROAD, INC.**



Principal Place of Business <b>450 E LAS OLAS BLVD</b> <b>SUITE 1200</b> <b>FT. LAUDERDALE FL 33301</b> <b>US</b>	Mailing Address <b>450 E LAS OLAS BLVD</b> <b>SUITE 1200</b> <b>FT. LAUDERDALE FL 33301</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>110 S.E. 6th Street</b> Suite, Apt. #, etc. 22 <b>20th Floor</b>		<b>2a. Mailing Address</b> 26 <b>110 S.E. 6th Street</b> Suite, Apt. #, etc. 27 <b>20th Floor</b>		<b>3. Date Incorporated or Qualified</b> <b>10/12/1990</b>
<b>23. City &amp; State</b> <b>Fort Lauderdale, FL</b>		<b>28. City &amp; State</b> <b>Fort Lauderdale, FL</b>		<b>4. FEI Number</b> <b>59-3050021</b>
<b>24. Zip</b> <b>33301</b>		<b>29. Zip</b> <b>33301</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>25. Country</b> <b>US</b>		<b>30. Country</b> <b>US</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code	
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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 \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>D</b> NAME <b>HUDSON, HARRIS W</b> STREET ADDRESS <b>450 E LAS OLAS BLVD., SUITE 1200</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>110 S.E. 6th Street, 20th Floor</b> 1.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VS</b> NAME <b>HANDLEY, RICHARD L.</b> STREET ADDRESS <b>450 E LAS OLAS BLVD., SUITE 1200</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Cole, James, O.</b> 2.3 STREET ADDRESS <b>110 S.E. 6th Street, 20th Floor</b> 2.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>AS</b> NAME <b>PEDDY, COURTLAND</b> STREET ADDRESS <b>450 E LAS OLAS BLVD., SUITE 1200</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Barclay, David A.</b> 3.3 STREET ADDRESS <b>110 S.E. 6th Street, 20th</b> 3.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>CRAWFORD, FELIX A</b> STREET ADDRESS <b>218 MORGAN AVENUE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32254</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>CRAWFORD, ROB</b> STREET ADDRESS <b>218 MORGAN AVENUE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32254</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>T AS</b> 6.3 STREET ADDRESS <b>Harrison, Alan B.</b> 6.4 CITY-ST-ZIP <b>110 S.E. 6th Street, 20th Floor</b> <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 3/16/98 954-769-7221

CR2E034 (10/97)