

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V40245** (5)

1. Corporation Name

ANB OF BOCA NO. 9, INC.



Principal Place of Business

Mailing Address

**C/O NORMAN C. BELFER
120 SUNSET AVE., SUITE 3C
PALM BCH. FL 33480
US**

**C/O NORMAN C. BELFER
120 SUNSET AVE., SUITE 3C
PALM BCH. FL 33480
US**

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0339650

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELFER, NORMAN C.
120 SUNSET AVE.
SUITE 3C
PALM BCH. FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS

☐ DELETE

NAME

BELFER, NORMAN C.

STREET ADDRESS

**120 SUNSET AVE., SUITE 3C
PALM BCH. FL**

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

BELFER, NORMAN C.

STREET ADDRESS

**120 SUNSET AVE., SUITE 3C
PALM BCH. FL**

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

BELFER, ROBERT

STREET ADDRESS

**767 5TH AVE., 46TH FLOOR
NEW YORK NY**

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**ESTATE OF ARTHUR BELFER
ROBERT BELFER, EXECUTOR
767 FIFTH AVENUE, 46TH FL.
NEW YORK NY 10153**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

NORMAN C. BELFER

(407)832-4036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

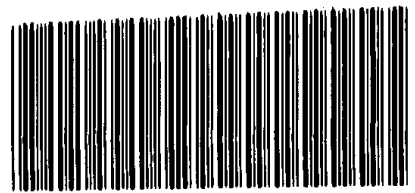
Daytime Phone #

CR2E034 (12/95)

AND OF BOCA NO. 4, INC.

Principal Place of Business
C/O NORMAN BELFER
120 SUNSET AVE. #3C
PALM BEACH FL 33480

Mailing Address
C/O NORMAN BELFER
120 SUNSET AVE. #3C
PALM BEACH FL 33480



3. Date Incorporated or Qualified 10/21/1986 3a. Date of Last Report 05/01/1995
4. FEI Number 11-2858532 Applied For Not Applicable

5. Certificate of Status Desired ☐ Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

By filing this statement, the above-named corporation submits this statement for the purpose of changing its registered office authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a resident of this state.

(NOTE: Registered Agent signature required when re-instating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

any information furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and address are as follows:

NORMAN C. BELFER

OFFICER OR DIRECTOR

4/10/96 (407)832-4036

Daytime Phone #

Suite, Apt. #, etc.

City & State

Zip

9. Name

BELFER, NORMAN
120 SUNSET AVEN
PALM BEACH FL 3

11. Pursuant to the provisions of the Florida Statutes, I do hereby certify that I am a resident of this state, or I am a resident of another state, and I am familiar with, and accept the appointment as registered agent, or I am familiar with, and accept the appointment as registered agent, or I am familiar with, and accept the appointment as registered agent.

SIGNATURE

Signature, typed or printed

12.

TITLE	P
NAME	BELFER
STREET ADDRESS	120 SUNSET AVEN
CITY - ST - ZIP	PALM BEACH FL 3
TITLE	VS
NAME	BELFER
STREET ADDRESS	767 5TH AVENUE
CITY - ST - ZIP	NEW YORK NY 10153
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I do hereby certify that the information furnished is true and accurate and that I am an officer or director of the corporation, and that my name and address are as follows:

SIGNATURE: