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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # V40245

(5)

ANB OF BOCA NO. 9, INC.

	F	ILED) ' 8:00am f State					
May	13	1997	8:00am					
Sec	cret	ary of	State					

Principal Place of Business Mailing Address			L 1007; G1001 01011 0010 11011 01001 0111 0107; 01841 01011 01011 01011 01011 01011								
C/O NORMAN C. BELFER 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480		C/O NOR 120 SUNS	C/O NORMAN C. BELFER 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480-3948								
US		US					3. Date Incorporated or Qualified 06/02/1992				
2. Principal P	Place of Business	2a. Mailin 26	g Address				4. FEI Number 65-0339650		<u> </u>	pplied For of Applicable	
Sulte, Apt.	#, etc.		Apt. #, etc.					\$		Additional	
22		27					5. Certificate of Status Desired		Fee R	equired	
City & Stat	ie –	City 8	State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip		Co	uritry	, ,	This corporation has liability for judgments.			to Fees	
24	25	29		30			Florida Statutes	Yes N	0	. 133,032,	
	9. Name and Address of C	Current Registered A	\gent			Y	10. Name and Address of New He	stered Age	nt		
	FER, NORMAN C.				81	Name					
	SUNSET AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
	TE 3C LM BCH. FL 33480				83						
FAL	M DON: FL 33400					<u> </u>					
					84	City		FL 8	7ip	Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8, Florida Statu	tes, the a	yods	e-named corr	poration submits this statement for the place ion's board of directors. I hereby accept	urpose of cha	. <u>I.</u> nging i	ts registered	
office or r	registered agent, or both, in the im familiar with, and accept the	State of Florida, Suc obligations of, Section	th change was on 607.0505, Fi	authorizi orida Sta	ed by stute:	y the corporat s.	ion's board of directors. I hereby accep	I the appointr	nent as	registered	
SIGNATURE											
12.	Signature, typed or printed name of registe	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	blo (NO			ont signature requi	ed when re-ristating)	DATE		· · · · · · · · · · · · · · · · · · ·	
TITLE	DPS OFFICER	S AND DIRECTORS	DELETE	13.	 111LE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	BELFER, NORMAN C.		Emil Decemb	1	NAME				Onango	L.J Mudicidii	
STREET ADDRESS	120 SUNSET AVE., SUITE	E 3C				ADDRESS					
CITY-ST-ZIP	PALM BCH. FL				CITY-S						
TITLE	T		DELETE	2.1	TITLE				Change	Addition	
NAME	BELFER, NORMAN C.			2.2	NAME						
STREET ADDRESS	120 SUNSET AVE., SUITE	E 3C		2.3	STREET	ADDRESS	7				
CITY-ST-ZIP	PALM BCH. FL D	•	DELLITE			S1 - 71P			01	7 100	
TITLE NAME	EST OF ARTHUR BELFER	RORERT REI FEI	DELETE		INLE			LJ	Change	Addition	
STREET ADORESS	787 5TH AVE., 46TH FLO		I MAL	. I	NAME PTOCCI	ADDRESS					
CITY-ST-ZIP	NEW YORK NY					81 - 2IP					
TITLE			DELETE		TILE	J. 211			Change	Addition	
NAME				4.2	NAME			_ _	•	= '	
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-ST-ZIP			·	4.4	CITY - S	51 - Z(P					
TITLE			□ DELETE		TITLE				Change	Addition	
NAME					VAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE		CITY - S	31- Z(P			Change	Addition	
NAME					HTLE NAME			L	Change	Addition	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY - S						
V: E!!	<u> </u>			0.3	,111	11 40					

4. I do heroby 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 eath; that I am an officer or director of the corporation or the feceiver 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.

APR 17 1007