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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **V49510**

(3)

1. Corporation Name

JRH NO. 9, CORP.

FILED
Apr 23 1996 8:00 am
Secretary of State



rincinal Place c	of Rusiness	Mailing Address			{	44 11 81811 818 17		
Principal Place of Business Mailing Address 301 41ST ST MIAMI BEACH FL 33140 MIAMI BEACH FL 33140								
WIRWI DERON	172 33140	WINNE SERVICE SERVICE	.•		3. Date Incorporated or Qualified 07/10/1992	3a. Date o	f Last Re 107/19	
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
		26			65-0372739 Not Applies \$8.75 Additions			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
		28	Coun	tnı	Trust Fund Contribution 8. This corporation has liability for it			199 032
Zφ	Country	Z _I p	30	ary	Florida Statutes Yes		010013	155.002,
	9. Name and Address of Curre	29 29 Agent	7301		10. Name and Address of New Ro		gent	
	g. Hamb and Addison C. Com.			81 Name				
i incit7	MADO		ļ.		ress (P.O. Box Number is Not Acceptable	la)		
LIPSITZ, MARC 301 41ST STREET			Ι'	82 Street Addr	ress (P.O. Box Number is Not Acceptable	10)		
	EACH FL 33140		Ţ	83				
MICHNI DI	EXOTTE SOTA		1	84 City			85 Zı	p Code
			ľ	64 City		FL	[63]	p 0000
	biglis (i.e., t) prison of the arrangement is							
3NATURE _	Signature, typed or printed name of registered agr	ent and title if applicable (NS	OTE: Ragistered /	Agent signature require	vi when reinstation	DATE		
						ICERS AND	DIRECTO	DRS IN 12
	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTO Change	
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certify that the information indicator 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 pociver 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 chapped, or on an attachment with an address.

SIGNATURE:

URE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTON S GOLDBERG, DIRECTOR 4.10.96 (3.5)532-643

Daytime Prione #