


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000519**

1. Corporation Name  
**9900 WEST CORPORATION, INC.**

Principal Place of Business <b>9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154</b>	Mailing Address <b>9900 WEST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>02/02/1995</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0666676</b>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SANTANA, FRANCIS X 28 WEST FLAGLER ST. SUITE 500 MIAMI FL 33130</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P. D. DAVID LASKY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ORR, JOSEPH</b>		1.2 NAME	
STREET ADDRESS <b>9900 W BAYHARBOR DR., APT 6</b>		1.3 STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 1</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL</b>		1.4 CITY-ST-ZIP <b>BAY HARBOR ISLANDS, FL 33154</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TORRADO, RENE</b>		2.2 NAME	
STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 3</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL 33154</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARDINALE-SANTANA, CAROL</b>		3.2 NAME	
STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 5</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL 33154</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>HENRY ROSENBERG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FOURNIER, ANDRE' R</b>		4.2 NAME	
STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 2</b>		4.3 STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 2</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL 33154</b>		4.4 CITY-ST-ZIP <b>BAY HARBOR ISLANDS, FL 33154</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAYMAN, BERNARD</b>		5.2 NAME	
STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 4</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL 33154</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANTANA, FRANCIS X</b>		6.2 NAME	
STREET ADDRESS <b>9900 WEST BAY HARBOR DRIVE APT 5</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BAY HARBOR ISLAND FL 33154</b>		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LASKY, PRESIDENT 1/8/99 305-864-8866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)