

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723984** (1)
1. Corporation Name
BOCA PALMS, INC.

Principal Place of Business Mailing Address
290 W. PALMETTO PARK ROAD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1972** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-1511931** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTMAN, HAZEL A.
290 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

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 Hazel Hartman HAZEL HARTMAN 3-10-95
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	D
NAME	ROONEY, CHRIS
STREET ADDRESS	66 GENTHORN AVE REXDALE
CITY-ST-ZIP	ONTARIO CA
TITLE	VP
NAME	GRAY, LOHELIA
STREET ADDRESS	290 W PALMETTO PARK RD-104
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	MCKAY, ROGER
STREET ADDRESS	550 SW 9TH AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	T
NAME	HARTMAN, HAZEL
STREET ADDRESS	290 W PALMETTO PARK RD 509
CITY-ST-ZIP	BOCA RATON FL
TITLE	P
NAME	MCGARTHY, MIKE
STREET ADDRESS	290 WEST PALMETTO PARK RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	GROSS, RICHARD
STREET ADDRESS	565 RYDERS LANE
CITY-ST-ZIP	E BRUNSWICK NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRUCE HOEVE	
1.3 STREET ADDRESS	290 W PALMETTO PARK ROAD-212	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD NILSEN	
2.3 STREET ADDRESS	290 W PALMETTO PARK ROAD - 407	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(3)(b), 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.

SIGNATURE: Hazel Hartman HAZEL HARTMAN 3-10-95 407-391-0024
Signature and typed or printed name of signing officer or director Date Daytime Phone #