

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723984** (1)

1. Corporation Name

BOCA PALMS, INC.



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

3. Date Incorporated or Qualified: **07/27/1972**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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: Hazel A. Hartman Hazel A. Hartman April 1, 1996
Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROONEY, CHRIS	
STREET ADDRESS	66 GENTHORN AVE REXDALE	
CITY-ST-ZIP	ONTARIO CA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOEVE, BRUCE	
STREET ADDRESS	290 W. PALMETTO PARK ROAD-212	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, ROGER	
STREET ADDRESS	550 SW 9TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARTMAN, HAZEL	
STREET ADDRESS	290 W PALMETTO PARK RD 509	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NILSEN, EDWARD	
STREET ADDRESS	290 W. PALMETTO PARK ROAD-407	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Patrick Hartman	
1.3 STREET ADDRESS	290 West Palmetto Park Road- 310	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William F. Manderfield	
2.3 STREET ADDRESS	290 West Palmetto Park Road - 411	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mireya Garcia	
3.3 STREET ADDRESS	290 West Palmetto Park Road - 306	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Slavic Kowalski	
4.3 STREET ADDRESS	290 West Palmetto Park Road - 101	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
5.1 TITLE	Howard Harpell-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	290 West Palmetto Park Road - 409	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432	
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 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 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 A. Hartman, Treasurer Hazel A. Hartman 4/1/96 407-391-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)