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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33432-3768

3. Date Incorporated or Qualified: 07/27/1972  
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
4. FEI Number: 59-1511931  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032: Yes

9. Name and Address of Current Registered Agent: HARTMAN, HAZEL A. 290 WEST PALMETTO PARK ROAD BOCA RATON FL 33432  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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 Hartman, Treasurer  
Signature Typed or Printed Name of Registered Agent and Title if Applicable: Hazel Hartman  
(NOTE: Registered Agent signature required when reinstating)  
DATE: March 13, 1997

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like ROONEY, CHRIS; HARPELL, HOWARD; KOWALSKI, SLAVOC; HARTMAN, HAZEL; GARCIA, MIREYA; MANDERFIELD, WILLIAM F. and KOWALSKI, SLAVEK; DELCOMPARE, GIOVANNI; BRUCE HOEVE.

14. I do 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.

SIGNATURE: Hazel Hartman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Hazel Hartman  
Date: 3/13/97  
Daytime Phone #: 561-391-0024

CR2E037 (9/96)