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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 750422 (8)
1. Corporation Name
BOCA RATON AREA COMMERCE POLITICAL ACTION COMMITTEE, INC.



Principal Place of Business: 1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432
Mailing Address: 1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432

3. Date Incorporated or Qualified: 12/28/1979
4. FEI Number: 59-1974062
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: ARTS, M.J., 1800 N. DIXIE HWY., BOCA RATON FL 33432

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: MODDER, PHIL STREET ADDRESS: 805 E HILLSBORO BLVD, #102 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: C1) 1.2 NAME: William Hager 1.3 STREET ADDRESS: 750 Park of Commerce Dr 1.4 CITY-ST-ZIP: Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE: V NAME: RHINE SCOTT STREET ADDRESS: 8699 N. FEDERAL HWY. 150 CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: T - Joseph Veccia 2.2 NAME: 2.3 STREET ADDRESS: 1100 N Federal Hwy 2.4 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE: C NAME: SCHMIDT, SANDRA STREET ADDRESS: 2499 GLADES ROAD, #312 CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MURDOCH, RICHARD STREET ADDRESS: 980 N. FEDERAL HIGHWAY, #410 CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: M J "Mike" Arts 4.3 STREET ADDRESS: 1800 N Dixie Hwy 4.4 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE: D NAME: BARR, JIM STREET ADDRESS: 1450 N.W. 1ST AVENUE CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: J C Perrin Director 5.2 NAME: 5.3 STREET ADDRESS: Boca Raton, FL 33432 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE: T NAME: NAU, JIM STREET ADDRESS: 4700 NW BOCA RATON BLVD. CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: MX D 6.2 NAME: Al Trqvasos 6.3 STREET ADDRESS: 2255 Glades Rd, #420A 6.4 CITY-ST-ZIP: Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX

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.

SIGNATURE: _____ 4/30/98 561-395-4433

CR2E037 (10/97)