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May 03, 1999 8:00 am
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05-03-1999 90001 017 ****61.25

0043628

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750422

1. Corporation Name

BOCA RATON AREA COMMERCE POLITICAL ACTION COMMITTEE, INC.

468404 - 90001 - 17

Principal Place of Business

1800 NORTH DIXIE HIGHWAY
BOCA RATON FL 33432

Mailing Address

1800 NORTH DIXIE HIGHWAY
BOCA RATON FL 33432



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/28/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1974062

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTS, M.J.
1800 N. DIXIE HWY.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME HAGER, WILLIAM
STREET ADDRESS 750 PARK OF COMMERCE DR.
CITY-ST-ZIP BOCA RATON FL 33487

1.2 NAME D
1.3 STREET ADDRESS 399 NW Boca Raton Blvd #300
1.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE DELETE

2.1 TITLE Change Addition

NAME VECCIA, JOSEPH
STREET ADDRESS 1100 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432

2.2 NAME C
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME SCHUBT, SANDRA
STREET ADDRESS 2499 GLADES ROAD #312
CITY-ST-ZIP BOCA RATON FL

3.2 NAME T
3.3 STREET ADDRESS Jim Nau
3.4 CITY-ST-ZIP 5200 Town Center Circle #500
Boca Raton, FL 33486

TITLE DELETE

4.1 TITLE Change Addition

NAME SD
STREET ADDRESS ARTS, MIKE
CITY-ST-ZIP 1800 N DIXIE HWY
BOCA RATON FL 33432

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME D
STREET ADDRESS PERRIN, J C
CITY-ST-ZIP 980 N FEDERAL HWY
BOCA RATON FL 33432

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME D
STREET ADDRESS TROVAADA, AL
CITY-ST-ZIP 2255 GLADES RD, #420A
BOCA RATON FL 33431

6.2 NAME VC
6.3 STREET ADDRESS Travasos
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 561-395-4433
Date Daytime Phone #

CR2E037 (11/98)