

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G55379** (3)

1. Corporation Name  
**BOCA CORPORATE CENTRE, INC.**



Principal Place of Business: **7777 GLADES ROAD #300 BOCA RATON FL 33434**  
Mailing Address: **7777 GLADES ROAD #300 BOCA RATON FL 33434**

3. Date Incorporated or Qualified <b>08/23/1983</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>59-2320272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7777 GLades Road, Suite 310</b>	2a. Mailing Address 26 <b>7777 Glades Road, Suite 310</b>
22 <b>Boca Raton, Fl 33434</b>	27 <b>Boca Raton, Fl 33434</b>
23 <b>Fl</b>	28 <b>Fl</b>
24 <b>33434</b>	29 <b>33434</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**DEUTCH, JEFFREY A.  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature and typed or printed name of registered agent and the incorporator. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>-VSD-</b> <input type="checkbox"/> DELETE
NAME	<b>DEUTCH, JEFFREY A</b>
STREET ADDRESS	<b>7777 GLADES ROAD #300</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE
NAME	<b>WIENER, ELLIOTT M.</b>
STREET ADDRESS	<b>7777 GLADES ROAD #410</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Robert J. Schmier</b>
33 STREET ADDRESS	<b>7777 Glades Road, Suite 310</b>
34 CITY-ST-ZIP	<b>Boca Raton, Fl 33434</b>
41 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Douglas R. Feurring</b>
43 STREET ADDRESS	<b>7777 Glades Road, Suite 310</b>
44 CITY-ST-ZIP	<b>Boca Raton, Fl 33434</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 provided 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Robert J. Schmier* **2/15/96** **407 483-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Robert J. Schmier - Vice President**

CR2E034 (12/95)