

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G77454 (8)

1. Corporation Name
BOCA COMMERCE PARK, INC.

Principal Place of Business Mailing Address
**3111 FORTUNE WAY
WAREHOUSE B-18
WEST PALM BEACH FL 33402-0018** **3111 FORTUNE WAY
WAREHOUSE B-18
WEST PALM BEACH FL 33402-0018**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/05/1984 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number Applied For
59-2365324 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 §. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, MILTON J.
100 SE 2ND ST., 31ST FLOOR
MIAMI FL 33131**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WALLACE, MILTON J.
STREET ADDRESS	330 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	DP
NAME	PERTNOY, RONALD
STREET ADDRESS	3111 FORTUNE WAY B-18
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	DV
NAME	SHAPRIO, STEVEN
STREET ADDRESS	3111 FORTUNE WAY B-18
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	DT
NAME	PERTNOY, SIDNEY
STREET ADDRESS	330 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on this attachment with addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Shapiro

4/6/95

(407) 793-8882

Date

Anytime 1 Year