

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 # **L92471 (6)**

1. Corporation Name
BOCA ARCHITECTS COLLABORATIVE, INC.



Principal Place of Business: **ONE S. OCEAN BLVD. SUITE 4 BOCA RATON FL 33432 US**
Mailing Address: **ONE S. OCEAN BLVD. SUITE 4 BOCA RATON FL 33432 US**

3. Date Incorporated or Qualified: **08/10/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt #, etc.	
22	27	City & State	
23	28	City & State	
24	29	Zip	Country
25	30	Zip	Country

4. FEI Number	Applied For
65-0229243	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDSTEIN, JERALD A.
3200 NORTH MILITARY TRAIL, SUITE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name: **John R. Diehl**
82 Street Address (P.O. Box Number is Not Acceptable): **8220 NW 20th CT**
83
84 City: **Sunrise** FL 85 Zip Code: **33322**

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]*

DATE: **2/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASALLO, MANUEL R	12. NAME	
STREET ADDRESS	2929 S OCEAN 311	13. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14. CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, JOHN R	22. NAME	
STREET ADDRESS	8220 NW 20TH CT	23. STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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 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, or on an attachment with an address.

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

DATE: **2/26/96**
DAYTIME PHONE: **(407) 395-8684**

CR2E034 (12/95)