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Feb 27 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 # N96000002468 (4)

1. Corporation Name

BOCA RATON AMATEUR RADIO ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9485 AEGEAN DR
BOCA RATON FL 33496
US

9485 AEGEAN DR
BOCA RATON FL 33496
US

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0666979

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMYTH, SEAN F
777 SOUTH FLAGLER DR.
SUITE 800E
W PALM BEACH FL 33401

81 Name

SEAN F. SMYTH

82 Street Address (P.O. Box Number is Not Acceptable)

1400 CONCRETE PARK BLVD #1010

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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

Sean F. Smyth SEAN F. SMYTH

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	DT	<input type="checkbox"/> DELETE
NAME	OLESAK, EDWARD W	
STREET ADDRESS	336 NE 29TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GENDLE, DAVE	
STREET ADDRESS	7165 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACKAMAN, FRED	
STREET ADDRESS	823 GLOUCHER ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SMYTH, SEAN	
STREET ADDRESS	9485 AEGEAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MARTIN, CRAIG	
STREET ADDRESS	4331 NW 3RD AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DVP PRAGON, ADAM	
1.3 STREET ADDRESS	5 POLO CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33431	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLESAK, EDWARD	
2.3 STREET ADDRESS	336 N.E. 29TH	
2.4 CITY-ST-ZIP	BOCA RATON FL 33431	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTIN, CRAIG	
3.3 STREET ADDRESS	4331 NW 3RD AVE	
3.4 CITY-ST-ZIP	BOCA RATON FL 33431	
4.1 TITLE	DIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHINE, ROBERT	
4.3 STREET ADDRESS	1000 NW 4TH ST	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
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 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: *Sean F. Smyth* SEAN F. SMYTH 2/19/98 361 684

CR2E037 (10/97)