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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002468

1. Corporation Name
BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business 9485 AEGEAN DR BOCA RATON FL 33496 US	Mailing Address 9485 AEGEAN DR BOCA RATON FL 33496 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0666979
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

SMYTH, SEAN F
1400 CONDICE PARK BLVD SUITE 1010
SUITE 900E
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
SEAN F. SMYTH

82 Street Address (P.O. Box Number is Not Acceptable)
1400 CENTRE PARK BLVD, SUITE 200

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** DATE **3/2/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FARSON, ADAM	
STREET ADDRESS	5 POLO CIR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLEKSAK, EDWARD	
STREET ADDRESS	336 NE 29TH	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, CRAIG	
STREET ADDRESS	4331 NW 34 AVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHINE, ROBERT	
STREET ADDRESS	1000 NW 4TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DVP	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID GENDLE	
1.3 STREET ADDRESS	7165 NW 4TH AVE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33487	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES HILLINS	
2.3 STREET ADDRESS	2301 NW 86TH LN	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEAN SMYTH	
3.3 STREET ADDRESS	9485 AEGEAN DR.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
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 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: *David Gendle* **SIGNATURE REQUIRED** DATE **3/4/99** DAYTIME PHONE # **561-994-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)