

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90983 002 \*\*\*150.00

**DOCUMENT # P03000062443**

1. Entity Name

BOCA/HIGHLAND REALTY CORP.



Principal Place of Business Mailing Address  
 421 SAXONY WAY 421 SAXONY WAY  
 DELRAY BEACH FL 33446-1024 DELRAY BEACH FL 33446-1024

**94065893**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KORMAN, MURRAY  
 421 SAXONY WAY  
 DELRAY BEACH FL 33446-1024

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| 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    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME           | MURRAY KORMAN  |
| STREET ADDRESS | 421 SAXONY WAY   |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33446   |
| TITLE          | VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME           | SUSAN JARAMILLO  |
| STREET ADDRESS | 421 SAXONY WAY   |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33446   |
| TITLE          | SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ELAINE KORMAN  |
| STREET ADDRESS | 421 SAXONY WAY   |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33446   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURRAY KORMAN 4/16/04 561-271-3855  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #