

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

AND FILED

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085167 (3)**
BOCA CORPORATE RESOURCES, INC.

Freeport, Florida (Current) 4400 NORTH FEDERAL HIGHWAY STE. 210 BOCA RATON FL 33431
Miami, Florida (New) 4400 NORTH FEDERAL HIGHWAY STE. 210 BOCA RATON FL 33431

2. Principal Place of Business: 21. Mailing Address: 22. State: 23. City: 24. ZIP Code: 25. Country: 26. Mailing Address: 27. State: 28. City: 29. ZIP Code: 30. Country:

3. (Date of Incorporation) if Qualified: 01/03/1994
3a. Date of Last Report: Applied For: Not Applicable
4. FIC Number: 65-0455180
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Corporate Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. (If corporation has authority for other purposes under Florida Statutes) Yes No

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name: ALLEN M. BECKMAN, ESQ.
82. Street Address (P.O. Box Number is Not Acceptable):
83. City: 10668 SANTA LAGUNA DRIVE
84. State: BOCA RATON FL 85. Zip Code: 33428

11. Pursuant to the provisions of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above address in both the State of Florida and in the United States. I, the undersigned, am authorized by the corporation's board of directors, officers, or agent to accept the appointment as registered agent. I am a resident of the State of Florida.
SIGNATURE: *[Signature]* DATE: 4/21/95

12. OFFICERS AND DIRECTORS
PRESIDENT: BRUCE M. WEBER
10811 MAPLE CHASE DRIVE
BOCA RATON, FL 33498
SECRETARY: RANDY L. WEBER
10811 MAPLE CHASE DRIVE
BOCA RATON, FL 33498

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
Name: Title: Change: Add:
Name: Title: Change: Add:
Name: Title: Change: Add:
Name: Title: Change: Add:
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14. I hereby certify that the information supplied with this report is accurate, complete and does not conflict for the corporation as stated in law from 1995 to 1995 Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 executor, trustee or assignee of the corporation as required by Chapter 217 Florida Statutes, and that my name appears in Block 12 of this report as an officer or director of the corporation.
SIGNATURE: *[Signature]* BRUCE M. WEBER 4/27/95 (407) 367-9980
TITLE AND TYPE OF OFFICER OR DIRECTOR: SECRETARY