

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:17

**DOCUMENT # P94000000382 (9)**

1. Corporation Name

**BALBOA MANAGEMENT CO., INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1/ JUPITER LAW CENTER 6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458		1/ JUPITER LAW CENTER 6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3b. Date of Last Report
21	26	12/27/1993	04/18/1994
State, Apt # etc	State, Apt # etc	4. FEI Number	Applied For
22	27	APPLIED FOR	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/> No	
Country	Country	7. This Corporation has liability for intangible tax under S. 100.002, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GUMSON, RICHARD P ESQ. 6390 INDIANTOWN RD. SUITE 30 JUPITER FL 33458		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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: \_\_\_\_\_ (Name of registered agent or registered office) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALBOA, JOSE	2. NAME	
STREET ADDRESS	10730 S.W. 147TH CT.	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33186	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALBOA, KATHERINE	22. NAME	
STREET ADDRESS	10730 S.W. 147TH CT.	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33186	24. CITY, ST, ZIP	
TITLE		31. 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		41. 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		51. 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		61. 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information contained 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 liquidator empowered to execute this report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with my address.

SIGNATURE: PRAS'KAWT  
 3/ 30 /95 380-9144  
Registered Office