FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000083329 (7)

136 B	BOCA CORP.			1 10511051 NO 17111 19811 08111 08111 08111 88114 1	
Principal Place of Business Mailing Address					
119 E PALMETTO PARK ROAD 119 E PALMETTO PARK F BOCA RATON FL 33432 BOCA RATON FL 33432		OAD			
DOOR HATOIL TE WORDE		DOOR PRIOR PL 30432		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
<u> </u>				09/26/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt. #, etc		Suite, Apt. #, etc.		65-0782754	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	 	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
GRUSHEIM, GEURGE B			81 Name		
119 E PALMETTO PARK ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
В	OCA RATON FL 33432				
			83		
,			84 City		85 Zip Code
44 0	10.702	OO COZ SCOD Fireda Ot A		F	
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 obli	gations of Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typod or printed harm of registered ag	and titled arrawable (NOTE)	Registered Agent signature require	ed when reinstating) DATE	·
12.		ND DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALETTO, ALFRED		1.2 NAME		
STREET ADDRESS	s 6401 POND APPLE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ALETTO, ANNA		22 NAME		
STREET ADDRES			2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY-ST-ZIP		•
TITLE		[] DELETE	3.1 TITLE		Change L Addition
NAME			3 2 NAME		
STREET ADDRESS	S .		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		ן_ן טנננינ	4.1 TITLE		Therange The Addition
NAME			4. 2 NAME		
STREET ADDRESS	9		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L'1 berrie	5.2 NAME		ondaysradicton
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP	-		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	s		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY - ST - 7/P		

14. I hereby certify that the inforpration supplied with this filling 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 of supplymental 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 in the occurrence empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an address.

SIGNATURE

FILED

May 12 1998 8:00am

Secretary of State