

DOCUMENT # P98000005826
 1. Entity Name
BOCA MARITIME, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 038 ***150.00

Principal Place of Business Mailing Address
3020 N MILITARY TR 3020 N MILITARY TR
SUITE 100 SUITE 100
BOCA RATON, FL 33431 BOCA RATON, FL 33431

00082097

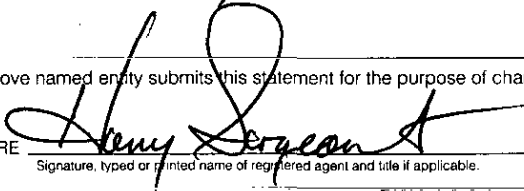
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3020 N MILITARY TR 3020 N MILITARY TR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100 100
 City & State City & State
BOCA RATON BOCA RATON
 Zip Country Zip Country
33431 USA 33431 USA

4. FEI Number **65-0807417** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~HARRY SARGEANT, JR.~~
3020 N MILITARY TR, #100
BOCA RATON, FL 33431

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.
 SIGNATURE  **HARRY SARGEANT, JR.** **8/22/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, OFFICER <input type="checkbox"/> Delete HARRY SARGEANT, JR. 3020 N MILITARY TRAIL, #100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, OFFICER <input type="checkbox"/> Delete JANET SARGEANT 3020 N MILITARY TRAIL, #100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/22/00** **561-999-9916**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)