

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V52766** (5)

1. Corporation Name
BOCA ADMIN, INC.



Principal Place of Business: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**
Mailing Address: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0346295**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 19146 Lyons Road**
Suite, Apt. #, etc.:
22. City & State: **23 Boca Raton, FL 33434**
Zip: Country:
2a. Mailing Address: **26 19146 Lyons Road**
Suite, Apt. #, etc.:
27. City & State: **28 Boca Raton, FL 33434**
Zip: Country:
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
JAIVEN, JACK
100 CENTURY BLVD.
W. PALM BEACH FL 33417

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **19146 Lyons Road**
83.
84. City: **Boca Raton,** FL 85. Zip Code: **33434**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, H. IRWIN	1.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, MICHAEL S.	2.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	2.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	DVTS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIVEN, JACK	3.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	3.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HAROLD	4.2 NAME	
STREET ADDRESS	100 CENTURY BLVD	4.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19146 Lyons Road
2.4 CITY-ST-ZIP	Boca Raton, FL 33434
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	19146 Lyons Road
3.4 CITY-ST-ZIP	Boca Raton, FL 33434
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	19146 Lyons Road
4.4 CITY-ST-ZIP	Boca Raton, FL 33434
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 trustee 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 attachment with an address.

SIGNATURE: Jack Jaiven **Jack Jaiven, Vice Pres. 03/22/96 (407) 487-9630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)