

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V52766 (5)**

1. Corporation Name  
**BOCA ADMIN, INC.**



Principal Place of Business <b>19146 LYONS ROAD BOCA RATON FL 33434 US</b>	Mailing Address <b>19146 LYONS ROAD BOCA RATON FL 33434-5536 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0346295</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**JAVEN, JACK**  
**19146 LYONS ROAD**  
**BOCA RATON FL 33434**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, H. IRWIN</b>	1.2 NAME	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIN, MICHAEL S.</b>	2.2 NAME	
STREET ADDRESS	<b>19146 LYONS ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DVTS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAVEN, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>19146 LYONS ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, HAROLD</b>	4.2 NAME	
STREET ADDRESS	<b>19146 LYONS ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D Halperin, Maurice</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>100 Century Blvd.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>West Palm Beach, FL 33417</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D Halperin, Barry</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>100 Century Blvd.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>West Palm Beach, FL 33417</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. 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 Javen, Director** (561)487-9630

CR2E034 (9/96)