

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90190 044 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **V52766**

1. Corporation Name
BOCA ADMIN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19146 LYONS ROAD
BOCA RATON FL 33434
US

Mailing Address
19146 LYONS ROAD
BOCA RATON FL 33434
US

3. Date Incorporated or Qualified
07/22/1992

4. FEI Number
65-0346295

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 100 Century Blvd.
 Suite, Apt. #, etc.

2a. Mailing Address
26 100 Century Blvd.
 Suite, Apt. #, etc.

22. City & State
23 West Palm Beach, FL

27. City & State
28 West Palm Beach, FL

24. Zip **33417** 25. Country
 29. Zip **33417** 30. Country

9. Name and Address of Current Registered Agent
JAIVEN, JACK
19146 LYONS ROAD
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name
Mary Jane Merola
82 Street Address (P.O. Box Number is Not Acceptable)
100 Century Blvd.
83
84 City
West Palm Beach **FL** **85 Zip Code**
33417

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 *Mary Jane Merola* **Mary Jane Merola, Agent** **4-12-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, H. IRWIN	
STREET ADDRESS	100 CENTURY BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, MICHAEL S.	
STREET ADDRESS	19146 LYONS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	JAIVEN, JACK	
STREET ADDRESS	19146 LYONS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HAROLD	
STREET ADDRESS	19146 LYONS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALPERIN, MAURICE	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALPERIN, BARRY	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Levy, Mark F.
2.3 STREET ADDRESS	100 Century Blvd.
2.4 CITY-ST-ZIP	West Palm Beach, FL 33417
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jaiven, Jack
3.3 STREET ADDRESS	100 Century Blvd.
3.4 CITY-ST-ZIP	West Palm Beach, FL 33417
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gleeson, Antoinette
4.3 STREET ADDRESS	100 Century Blvd.
4.4 CITY-ST-ZIP	West Palm Beach, FL 33417
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 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 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, with all other like empowered.

SIGNATURE: *Jack Jaiven* **Jaiven, V.P.** **4/12/99** **(561) 640-3105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

Boca Admin, Inc.
Document #V52766
1999 Corporation Annual Report

additions to officers and directors:

S
Floyd, Orilla
100 Century Blvd.
West Palm Beach, FL 33417

447881-9090-44

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