

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10:13

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000088453 (3)**

1. Corporation Name:

**BOCA TECHNOLOGIES, INC.**

Principal Place of Business 629 NW 10TH CT. BOCA RATON FL 33486	Mailing Address 629 NW 10TH CT BOCA RATON FL 33486		
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27		
City & State 23	City & State 28		
Z.D. 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent  UEBERSCHAER, HANS J 629 NW 10TH CT. BOCA RATON FL 33486		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City FL Zip Code		

3. Date Incorporated or Qualified <b>12/05/1994</b>	3a. Date of Last Report <b>NA</b>
4. FEI Number <b>65-0545670</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 109-002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Pursuant to the provisions of Sections 607.0902 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 607.0906, Florida Statutes.

SIGNATURE:

(Signature, Type, or Print Name of Designated Agent, Notary Public, Lawyer, etc.) **Hans J. Ueberschaer** (Printed Name) **144** (Last 4 Digits of SSN or Driver's License No.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Officer NAME STREET ADDRESS CITY, ST, ZIP		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/D HANS J. UEBERSCHAER 629 N.W. 10<sup>th</sup> COURT BOCA RATON, FL 33486</b>
Officer NAME STREET ADDRESS CITY, ST, ZIP		21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer NAME STREET ADDRESS CITY, ST, ZIP		31. NAME 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer NAME STREET ADDRESS CITY, ST, ZIP		41. NAME 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer NAME STREET ADDRESS CITY, ST, ZIP		51. NAME 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer NAME STREET ADDRESS CITY, ST, ZIP		61. NAME 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 199.07(6)(c), Florida Statutes. I further certify that the information included 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 of changed or on an attachment with an address.

SIGNATURE: *Hans J. Ueberschaer*, **4/25/95, (407)338-9949**  
(Signature and Type or Printed Name of Signing Officer or Director)