FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:59

DOCUMENT # 768279 (2)

1. Corporation Name
BOCA COMMERCE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5151 N.W. 77TH ST. SUITE 114 BOCA RATON FL 33487	5151 N.W. 77TH ST. SUITE 114 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0345983 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEVY, JOEL
8181 N.W. 14 STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Steven M. Adler
82 Street Address (P.O. Box Number is Not Acceptable): 551 NW 77th Street Suite 114
83
84 City: Boca Raton FL 85 Zip Code: 33487

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: [signature] DATE: 7/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	ADLER, MICHAEL M.	12 NAME	Egger, Frank
STREET ADDRESS	8181 N.W. 14TH ST.	13 STREET ADDRESS	12000 Biscayne Blvd. Suite 801
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33181
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	KOVENS, MARC	22 NAME	Adler, Steven M
STREET ADDRESS	1301 DADE BLVD.	23 STREET ADDRESS	551 NW 77th St., Suite 114
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VSTD	31 TITLE	ST ☒ Change ☐ Addition
NAME	LEVY, JOEL	32 NAME	Vazquez, Anna
STREET ADDRESS	8181 N.W. 14TH ST.	33 STREET ADDRESS	551 NW 77th St., Suite 114
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	ADLER, STEVEN M.	42 NAME	
STREET ADDRESS	8181 N.W. 14TH ST.	43 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna Vazquez 6/2/95 (407)991-6307
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone

0091767