FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 764082

(4)

	OODS AT BOCA DEL MAR	()			
Principal Place of Business		Mailing Address		I TOBATA AMBIN METEL OLDER MOTOR INSTA	N 4101 OLDIT DIDIT DIGIT DIRIT DIDEL BIDIT 1894
LAKE FOREST CIRCLE BOCA RATON FL 33433		1000 HOLLAND DRIVE STE 5 BOCA RATON FL 33487			
		US			3a. Date of Last Report 05/01/1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2267744	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Currer	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]	Florida Statutes 10. Name and Address of New R	Yes No
SCHNER, LARRY 1900 GLADES ROAD STE 355 BOCA RATON FL 33431				chuer, LARI dress (P.O. Box Number is Not Acceptable OS. Dixie H	e y w y
Or registe	ith, and accept the obligations of, Sect	tion 617.0503, Florida Statutes.	, the above-named corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
12.	Signature, typed or printed name of registered agent		Registered Agent signature requi		DATE
TITLE	P OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	KLEIN	Libectie	12 NAME		☐ Change ☐ Addition
STREET ADDRESS	21905 LAKE FOREST CIRCLE				
CITY-ST-ZIP	BOCA RATON FL	•	13 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	UPDEGRAVE, JOHN		2.2 NAME		
STREET ADDRESS	21894 LAKE FOREST CIRCLE		2 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY - ST - ZIP		
TITLE	D	DELETE	3 1 TIFLE		Change Addition
NAME	FARANDA, MATTHEW		3 2 NAME		
STREET ADDRESS	21905 LAKE FOREST CIRCLE		3 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY - ST - ZIP		
TITLE	TS PRIMELE MEDVI	DELETE	4.1 TITLE		Change Addition
NAME	BRUNELLE, MERYL		4. 2 NAME		
STREET ADDRESS	21902 LAKE FOREST CIRCLE		4.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL	The ex-	4.4 CITY - ST - ZIP		
TITLE	KLEIN, MICHAEL	DELETE	5 1 TITLE		Change Addition
NAME CARCET ADORESS	21905 LAKE FOREST CIRCLE	. #101	5 2 NAME		
STREET ADDRESS	BOCA RATON FL 33433	· π IVI	5.3 STREET ADDRESS	•	
CITY - ST - ZIP TITLE	D	DELETE	5.4 CITY-ST-ZIP		
NAME	WATSON, LINDA		6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	21902 LAKE FOREST CIR #10	no	6 2 NAME		
DITY-ST-ZIP	BOCA RATON FL	V-	6 3 STREET ADDRESS		
	ov certify that the information supplied a	with this films in an atack for the	6.4 CITY - ST - ZIP	f . N	

. 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 cath; 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 all altahment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-18-96 (4)

(401)994-5850