

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 767438 (5)  
1. Corporation Name  
WEST BOCA RATON CHAMBER OF COMMERCE, INC.



Principal Place of Business  
1800 N DIXIE HWY  
BOCA RATON FL 33432

Mailing Address  
1800 N DIXIE HWY  
BOCA RATON FL 33432

3. Date Incorporated or Qualified  
03/14/1983

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0667561	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Country	29 Country		

## 9. Name and Address of Current Registered Agent

ARTS, M. J. "MIKE"  
1800 N. DIXIE HWY.  
BOCA RATON FL 33432

## 10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME HAGER, WILLIAM STREET ADDRESS 750 PARK OF COMMERCE DR CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME D 1.3 STREET ADDRESS D 1.4 CITY-ST-ZIP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MURCOCH, RICHARD STREET ADDRESS 980 N FEDERAL HWY #410 CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE C 2.2 NAME C 2.3 STREET ADDRESS C 2.4 CITY-ST-ZIP C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME HANNIFAN, JOHN STREET ADDRESS 1000 NW 51ST ST- 1006 CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME Joseph Vaccia 3.3 STREET ADDRESS 1100 N Federal Hwy 3.4 CITY-ST-ZIP Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C NAME BARR, JAMES STREET ADDRESS 1700 FLORIDA MANGO RD CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME D 4.3 STREET ADDRESS D 4.4 CITY-ST-ZIP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME SCHMIDT, SANDRA STREET ADDRESS 2499 GLADES RD #312 CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME ARTS, M. J. "MIKE" STREET ADDRESS 1800 N DIXIE HIGHWAY CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M. J. "Mike" Arts

4.27.96 407 395 433

Date

Daytime Phone #

CR2E037 (12/95)