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Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000002468 (4)

1. Corporation Name  
BOCA RATON AMATEUR RADIO ASSOCIATION, INC.



Principal Place of Business: 9485 AEGEAN DR BOCA RATON FL 33496 US  
Mailing Address: 9485 AEGEAN DR BOCA RATON FL 33496 US

3. Date Incorporated or Qualified: 05/08/1996  
4. FEI Number: 65-0666979  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
SMYTH, SEAN F  
777 SOUTH FLAGLER DR.  
SUITE 800E  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name: SEAN F. SMYTH  
82 Street Address (P.O. Box Number is Not Acceptable): 777 SOUTH FLAGLER DR SUITE 800E W PALM BEACH FL 33401  
83  
84 City: West Palm Beach FL 85 Zip Code: 33401

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: *Sean F. Smyth* SEAN F. SMYTH  
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: DT	NAME: OLEKSAK, EDWARD W STREET ADDRESS: 336 NE 29TH ST CITY-ST-ZIP: BOCA RATON FL
TITLE: DP	NAME: GENDLE, DAVE STREET ADDRESS: 7165 NW 4TH AVE CITY-ST-ZIP: BOCA RATON FL
TITLE: D	NAME: MACKAMAN, FRED STREET ADDRESS: 823 GLOUCHER ST CITY-ST-ZIP: BOCA RATON FL
TITLE: DS	NAME: SMYTH, SEAN STREET ADDRESS: 9485 AEGEAN DR CITY-ST-ZIP: BOCA RATON FL
TITLE: DVP	NAME: MARTIN, CRAIG STREET ADDRESS: 4331 NW 3RD AVE CITY-ST-ZIP: BOCA RATON FL
TITLE:	NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	1.2 NAME: DVP PRAGON, ADAM 1.3 STREET ADDRESS: 5 POLO CIRCLE 1.4 CITY-ST-ZIP: BOCA RATON FL 33431
2.1 TITLE:	2.2 NAME: OLEKSAK, EDWARD 2.3 STREET ADDRESS: 336 N.E. 29TH 2.4 CITY-ST-ZIP: BOCA RATON FL 33431
3.1 TITLE:	3.2 NAME: MARTIN, CRAIG 3.3 STREET ADDRESS: 4331 NW 3RD AVE 3.4 CITY-ST-ZIP: BOCA RATON FL 33431
4.1 TITLE:	4.2 NAME: DIT SHINE, ROBERT 4.3 STREET ADDRESS: 1000 NW 4TH ST 4.4 CITY-ST-ZIP: BOCA RATON, FL 33486
5.1 TITLE:	5.2 NAME:
6.1 TITLE:	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sean F. Smyth* SEAN F. SMYTH 2/27/98 \$61.684

CR2E037 (10/97)