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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768279** (2)

1. Corporation Name

BOCA COMMERCE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2 S. BISCAYNE BLVD.
ONE BISCAYNE TOWER, SUITE 3400
MIAMI FL 33131-1897**

**2 S. BISCAYNE BLVD.
ONE BISCAYNE TOWER, SUITE 3400
MIAMI FL 33131-1897**



3. Date Incorporated or Qualified

05/04/1983

4. FEI Number

65-0345983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRISS, RONALD A
2 S. BISCAYNE BLVD.
ONE BISCAYNE TOWER, SUITE 3400
MIAMI FL 33131-1897**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **EGGER, FRANK**
STREET ADDRESS **551 NW 77 ST, STE 114**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **D/ President, Treas. and Secty.** ☒ Change ☐ Addition
1.2 NAME **Patricia J. Colaiacovo**
1.3 STREET ADDRESS **1815 Griffin Road, Suite 103**
1.4 CITY-ST-ZIP **Dania, FL 33004**

TITLE **VD** ☒ DELETE
NAME **ADLER, STEVEN**
STREET ADDRESS **551 NW 77TH ST STE 114**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **D/ VP, Asst. Treas., Asst. Secty.** ☒ Change ☐ Addition
2.2 NAME **Richard Cadmus**
2.3 STREET ADDRESS **730 3rd Avenue, 7th Floor**
2.4 CITY-ST-ZIP **New York, NY 10017**

TITLE **STD** ☒ DELETE
NAME **VAZQUEZ, ANNA**
STREET ADDRESS **551 NW 77TH ST STE 114**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE **D/ Vice President** ☒ Change ☐ Addition
3.2 NAME **Harry St. Clair**
3.3 STREET ADDRESS **730 3rd Avenue, 7th Floor**
3.4 CITY-ST-ZIP **New York, NY 10017**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

[Handwritten signatures and dates]
6/22/98
954-922-
6474

CR2E037 (10/97)