

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 274170 (0)

1. Corporation Name

~~BLUMS OF BOCA INC.~~
BLUMS OF BOCA HOLDINGS, INC.

Principal Place of Business

2900 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

P.O. Box 1140
BOYNTON BEACH, FL. 33425

Mailing Address

2900 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

P.O. Box 1140
BOYNTON BEACH, FL. 33425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1963

3a. Date of Last Report

02/22/1994

4. FEI Number

59-1022810

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

City & State

Zip

County

2a. Mailing Address

26

Suite, Apt. #, etc

City & State

Zip

County

9. Name and Address of Current Registered Agent

BLUM, PETER

2900 N FEDERAL HIGHWAY 1890 SOUTH OCEAN DRIVE
BOCA RATON FL 33432 MANALAPAN, FL. 33462

10. Name and Address of New Registered Agent

81 Name

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

1890 SOUTH OCEAN DRIVE

83

84 City

MANALAPAN

FL

85 Zip Code

33462

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	EMMETT, HARRIS
STREET ADDRESS	895 DUVAL ST
CITY, ST, ZIP	LANTANA FL
TITLE	V
NAME	HARRIS, WM
STREET ADDRESS	2483 PAR CIRCLE
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	V
NAME	KUHN, G FREDERICK
STREET ADDRESS	22154 TRILLIUM WAY
CITY, ST, ZIP	BOCA RATON, FL 00000
TITLE	V
NAME	O'HEARN, AUDREY-S
STREET ADDRESS	1612 N W 5TH ST
CITY, ST, ZIP	BOCA RATON, FL 00000
TITLE	PD
NAME	BLUM, MAUREEN
STREET ADDRESS	1890 S. OCEAN BLVD.
CITY, ST, ZIP	MANALAPAN FL
TITLE	S
NAME	BLUM, PETER
STREET ADDRESS	1890 S. OCEAN BLVD.
CITY, ST, ZIP	MANALAPAN FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	VICE PRESIDENT
6.3 STREET ADDRESS	
6.4 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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of holding officer or director)

Peter Blum, Vice President

4/25/95 (407) 734-7317