

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 522508 (1)

1. Corporation Name

BOCA GREENS, INC.



Principal Place of Business

700 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address

700 NW 107TH AVENUE
MIAMI FL 33172

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/20/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1707681

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

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

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

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 607.0532 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME BOLOTIN, IRVING
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SANTAELLA, GRACE
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VT
NAME SALEDA, M.E.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME COLE, ROBERT B.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SIERRA, E. KATHLEEN
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 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 SIGNING OFFICER OR DIRECTOR

Grace Santaella 4-8-96 229-6400

Date

Daytime Phone #

CR2E034 (12/95)