FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **570751** **(8)**

1. Corporation Name

BOCA LAGO RESALES AND RENTALS COMPANY

Principal Place of Business	Mailing Address
9039 VISTA DEL LAGO BOCA RATON FL 33428	9039 VISTA DEL LAGO BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1978
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1890732 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRCM, INC
1401 FORUM WAY, 7TH FLOOR
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Sherry Lefkowitz Hyman, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 200 Admirals Cove Blvd.
83
84 City: Jupiter FL 85 Zip Code: 33477

11. Pursuant to the provisions of Section 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 1/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHACHER, MARVIN	1.2 NAME	
STREET ADDRESS	200 ADMIRLS COVE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, BENJAMIN	2.2 NAME	
STREET ADDRESS	1802 CAPTAINS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	VPST	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, THOMAS	3.2 NAME	
STREET ADDRESS	200 ADMIRLS COVE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, WILLIAM	4.2 NAME	
STREET ADDRESS	1845 WALNUT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin Frankel 1-/-18/-95 407-744-1700
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Benjamin Frankel, Pres. — Daytime Phone #

0288330 CP