FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** Jan 29 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **∠at**iState DOCUMENT # **BOCA LAGO RESALES AND RENTALS COMPANY** Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD. 200 ADMIRALS COVE BLVD. JUPITER FL 33477-4046 JUPITER FL 33477 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1978 03/29/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1890732 21 Not Applicable 26 Suite, Apt. #, etc. Suite Apt. # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HYMAN, SHERRY L 200 ADMIRALS COVE BLVD. Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 84 City Zip Code 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profod 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 (96/6) Change Addition DELETE 1.1 TITLE TITLE SCHACHER, MARVIN NAME 1.2 NAME **CR2E034** 200 ADMIRALS COVE BLVD. STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition PD 2.1 TITLE TITLE FRANKEL, BENJAMIN Vice President/D NAME 22 NAME Benjamin Frankel 200 Admirals Cov 200 ADMIRALS COVE BLVD. 2.3 STREET ADDRESS STREET ADDRESS 200 Admirals Cove Blvd. Jupiter,FL 33477 **JUPITER FL 33477** 2. 4 CITY - ST - ZiP CITY - ST - ZIP Change Addition DELETE TITLE **VPST** 3.1 TITLE President/S/T FRANKEL, THOMAS 3.2 NAME NAME Thomas Frankel 200 ADMIRALS COVE BLVD. 3.3 STREET ADDRESS STREET ADDRESS 200 Admirals Cove Blvd. Jupiter, FL 33477 JUPITER FL 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Channe Addition 4.1 TITLE TITLE FRANKEL, WILLIAM 4. 2 NAME NAME 200 ADMIRALS COVE BLVD. 4.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 4.4 CITY-ST-ZIP C/TY - ST - ZIP Addition DELETE 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quart the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual report is tam an officer or director of the corporation or the receiver or trustee empty.

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an

Thomas Frankel, President 1/21/97 561-744-1700