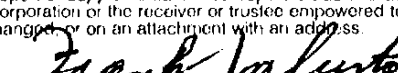


FILED

Abstract

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Feb 09 1998 8:00am Secretary of State	
DOCUMENT # 613421 (7) 1. Corporation Name BOCA PROPERTIES, INC.							
Principal Place of Business 310 R PALMETTO RD BOCA RATON FL 33432				Mailing Address 310 EAST PALMETTO PARK ROAD BOCA RATON FL 33432 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1979		4. FEI Number 59-1893235	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
24 Country		29 Country		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LO CURTO, FRANK 310 EAST PALMETTO PARK ROAD BOCA RATON, FL BOCA RATON FL 33432				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 607.0502 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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE _____ NAME P STREET ADDRESS LO CURTO, FRANK CITY-ST-ZIP 310 EAST PALMETTO PARK ROAD BOCA RATON FL				1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				6.1 TITLE _____ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.							
SIGNATURE:  2/2/98 368-3200							