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3. Date Incorporated or Qualifed

05/03/1976

Mailing Address

C/O PRIME MANAGEMENT GROUP INC

6300 PARK OF COMMERCE BLVD.

BOCA RATON FL 33487

2a. Mailing Address

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NONPROFIT CORPORATION ANNUAL REPORT

1999

C/O PRIME MANAGEMENT GROUP INC

6300 PARK OF COMMERCE BLVD.

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735716

Principal Place of Business

BOCA RATON FL 33487

21

BOCA TEECA CONDOMINIUM NO. 8, INC.

| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | 4. FEI Number | | Арр | lied For | |
|--|--|-------------------------------------|--|---|-------------------|--------------------------------------|-----------------|-------------------|------------|--|
| [2] | | 27 | | | 59-1689831 | | Not | Applicable | | |
| • | | City & State | State | | | E Continue of Chabra Desired | | \$8.75 A | dditional | |
| 23 | | 28 | | | | 5. Certificate of Status Desired | ш | Fee Req | uired | |
| Zip | Country Zip | | Country | | | 6. Election Campaign Financing | | \$5.00 A | vlav Be | |
| 24 | 29 39 | | | | | Trust Fund Contribution | | Added to | | |
| | 9. Name and Address of Current F | | <u>, </u> | | | 10. Name and Address of New | Registered . | Agent | | |
| | | | 81 | Name | | 1 | | | | |
| OWERT ANDONE | | | 90 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SWATT, MYRON I | | | | 62 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| C/O PRIME MANAGEMENT GROUP INC | | | | | | | | | | |
| 6300 PARK OF COMMERCE BLVD. | | | | | | | | | | |
| BOCA RATON FL 33487-8290 | | | | City | | | FL | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 | | | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | | | | ADDITIONS/CHANGES TO O | FFICERS AN | | | |
| TITLE | PD DELETE | | | | | | | Change | Addition | |
| NAME | ABBOTT, MORTON | | | | | | | | | |
| STREET ADDRESS | 6000 NW 2ND AVE, #333 | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 1.4 CITY-ST-ZIP | | <u> </u> | | | | | |
| TITLE | TD | ☐ DELETE | | | | | | Change | ☐ Addition | |
| NAME | FREEDMAN, JACK | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 6200 NW 2ND AVE., #420 | | 2.3 STREET | ADDRESS | - | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 2.4 CITY-S | T- ZIP | l | | | | | |
| TITLE | | | 3.1 TITLE | | 20 | George Zeil 6300 NW and | PR | ∠ □ Change | ☐ Addition | |
| NAME | ZEILLER, GEORGE 3. | | 3.2 NAME | | | (300 10) 300 | AND | #210 | | |
| STREET ADDRESS | 6200 NW 2ND AVE., #210 | | 3.3 STREET | ADDRESS | | 6201100 2161 | | 3348 | 81 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | • | 3.4. CITY-S | T-ZIP | İ | Boca Rator | 1) FC | ١٤٠٠ | | |
| TITLE | VD | DELETE | 4.1 TITLE | | | Sara Feir | nstein | ☐ Change | Addition | |
| NAME | FORTUNATO, ALBERT | / \ | 4. 2 NAME | | ~ | (400 04) 00 | A A lo | おいな | n | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | : | The The Ari | 41 2 | 21100 | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | Boca Raton | <u> </u> | 17440 | | |
| TITLE | D | [] DELETE | 5.1 TITLE | | | | | Change | ☐ Addition | |
| NAME | ADLER. REMO | | 5.2 NAME | | | | | | ļ | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | . [| |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | · | |
| TITLE | D DELETE 6.1 | | 6.1 TTTLE | | | | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | | | Ì | |
| STREET ADDRESS | 6000 NW 2ND AVE., #439 | | 6.3 STREET | ADORESS | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | 6.4 CITY-S | T- ZIP | | | | | | |
| 14 Lhoroby | artifuthat the information cumplied with | this filing does not qualify for th | e exempti | on state | d in Se | ction 119.07(3)(i), Florida Statutes | . I further cer | tify that the in | formation | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered. | | | | | | | | | | |

SIGNATURE: