


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750422** (8)

1. Corporation Name

**BOCA RATON AREA COMMERCE POLITICAL ACTION COMMITTEE, INC.**



Principal Place of Business <b>1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432</b>	Mailing Address <b>1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432</b>
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3. Date Incorporated or Qualified <b>12/28/1979</b>	4. FEI Number <b>59-1974062</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ARTS, M.J. 1800 N. DIXIE HWY. BOCA RATON FL 33432</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b> <del>DELETE</del>	1.1 TITLE
NAME	<b>MODDER, PHIL</b>	1.2 NAME
STREET ADDRESS	<b>805 E HILLSBORO BLVD, #102</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	1.4 CITY-ST-ZIP
TITLE	<b>V</b> <del>DELETE</del>	2.1 TITLE
NAME	<b>RHINE SCOTT</b>	2.2 NAME
STREET ADDRESS	<b>6699 N. FEDERAL HWY. 150</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE
NAME	<b>SCHMIDT, SANDRA</b>	3.2 NAME
STREET ADDRESS	<b>2499 GLADES ROAD, #312</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <del>DELETE</del>	4.1 TITLE
NAME	<b>MURDOCH, RICHARD</b>	4.2 NAME
STREET ADDRESS	<b>980 N. FEDERAL HIGHWAY, #410</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>D</b> <del>DELETE</del>	5.1 TITLE
NAME	<b>BARR, JIM</b>	5.2 NAME
STREET ADDRESS	<b>1450 N.W. 1ST AVENUE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP
TITLE	<b>T</b> <del>DELETE</del>	6.1 TITLE
NAME	<b>NAU, JIM</b>	6.2 NAME
STREET ADDRESS	<b>4700 NW BOCA RATON BLVD.</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<b>CI)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>William Hager</b>		
<b>750 Park of Commerce Dr</b>		
<b>Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>T - Joseph Veccia</b>		
<b>1100 N Federal Hwy</b>		
<b>Boca Raton, FL 33432</b>		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>M J "Mike" Arts</b>		
<b>1800 N Dixie Hwy</b>		
<b>Boca Raton, FL 33432</b>		
<b>J C Perrin Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>980 N Federal Hwy</b>		
<b>Boca Raton, FL 33432</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>XX D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>Al Trqvasos</b>		
<b>2255 Glades Rd, #420A</b>		
<b>Boca Raton, FL 33431</b>		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/30/98 561-395-4433

CR2E037 (10/97)