FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750422

1. Corporation Name

BOCA RATON AREA COMMERCE POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business 1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1800 NORTH DIXIE HIGHWAY BOCA RATON FL 33432

FILED May 03, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

12/28/1979

Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			4. FEI NUMber			Apr	pilea roi		
22						59-197	59-1974062		No	t Applicable	
City & State						5. Certifcat	e of Status Desired	· 🗅	\$8.75 A Fee Re		
23	Country		Zip Coun			6 Floation	Compaign Financia	<u> </u>	\$5.00	May Ro	
Zip		29	30			6. Election Campaign Financing Trust Fund Contribution			•	Added to Fees	
24	9. Name and Address of Current	11					nd Address of Nev	v Registered			
	9. Name and Address of Current	Registered Age	311L	81	Name	To Hamo					
					1401110						
ARTS, M.J.				82 Street Address (P.O. Box Number is Not Acceptable)							
1800 N. DIXIE HWY					83						
BOCA RATON FL 33432									•		
500,110	रिक्रिकेटिक हैं है है			84	City			 -	85 Zip C	ode	
	ž.				-			FL	<u>-</u> ` ` _		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 6	nange was autho 317.0503, Florida	Statutes.	ine corpo	corporation submits tration's board of direction of directions of the second of the s	this statement for t ectors. I hereby ac	ne purpose o	intment as re	gistered	
12	Signature, typed or printed name of registered agent of OFFICERS AND		(NOTE, Neg	13.	t alginatora te	ADDITIO	NS/CHANGES TO	OFFICERS A	ND-DIRECTO	RS IN 12	
12.	OFFICERS AND		DELETE	1.1 TITLE					Change	Addition	
TILE	XX. 0.50 10.00 10.00		_ DELETE			D			Λ		
NAME	HAGER, WILLIAM			1.2 NAME		399 NW Bo	ca Raton B	lvd #30	0 ;		
STREET ADDRESS 7.50. RAPK OF COMMERCE OR					ADDRESS	Boca Rato	n, FL 334	32	<i>:</i>	•	
CITY-ST-ZIP	BOCA RATON FL 93487			1.4 C/TY-ST	-ZIP			,	<u>X</u>		
TITLE -	- -	(_ DELETE	2.1 TITLE	1	Ć	•		Change	☐ Addition	
NAME	VECCIA, JOSEPH	-		2.2 NAME		C	•				
STREET ADDRESS	1100 N FEDERAL HWY	•		2.3 STREET	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432	••		2.4 CITY-S	T-ZIP			·	ا سم عران		
TITLE	«Gxxxxxxxxxxxxxxxxx	xxx X	DELETE	3.1 TITLE		T		*	Change	XI Addition	
NAME	SQHAIDT: SANDRAXXXXXXXXX		ŀ	3.2 NAME		Jim Nau					
STREET ADDRESS	x 8499 GLADES ROAD x#812 XXX			3.3 STREET	ADDRESS	5200 Town	Center Cir	cle #50	0 :		
	BOGA RATON FL	LAAAA		3.4. CITY-S		Boca Raton					
CITY-ST-ZIP	SD	-	DELETE	4.1 TITLE	·	BOCK KALON	<u>, 11 JJ 19</u>	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	ARTS, MIKE	•		4.2 NAME			•		•		
				4.3 STREET	LADODESS						
STREET ADDRESS	1800 N DIXIE HWY										
CITY-ST-ZIP	BOCA RATON FL 33432	·-··	DELETE	4.4 CITY-S	1-ZIP				Change	☐ Addition	
TITLE	D		DCLEIE	5.1 TITLE 5.2 NAME					ge		
NAME	PERRIN, J C										
STREET ADDRESS	980 N FEDERAL HWY		1	5.3 STREET							
CITY-ST-ZIP	BOCA RATON FL 33432	`		5.4 CITY-S	T-ZIP					. =	
TITLE	Ď		DELETE	6.1 TITLE		vc			☐ Change XX	Addition	
NAME	TROVAROA, AL			6.2 NAME		VC			M		
STREET ADDRESS				6.3 STREET	T ADDRESS	Travasos			, ,		
CITY-ST-ZIP	BOCA RATON FL 33431		,	6.4 CITY-S	T-ZIP		•				
CHY-SI-ZIF	DOOM TATOM I'L 30401					11- 0		a I further of	wife that the i		

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, with all other like empowered.

SIGNATURE:

SIGNATURE SEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 St /395-4433

(ZE03/ (11/98)