

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mathis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752706 (2) 1. Corporation Name BOCATONES, INCORPORATED



Principal Place of Business 625 NE MIZNER BLVD SUITE 205 BOCA RATON FL 33432 US	Mailing Address 200 E ROYAL PALM RD SUITE 202 BOCA RATON FL 33432 <i>17743 CANDLEWOOD TERRACE BOCA RATON FL 33487</i>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified 06/02/1980 FEI Number 59-2007104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINETTI, MONA 2757 S. CLEARBROOK CIRCLE DELRAY BEACH FL 33445 <i>Mona Martinetti</i>
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10. Name and Address of New Registered Agent 81 Name BETTY KELLY (FRANCES E.) 82 Street Address (P.O. Box Number is Not Acceptable) 919 EVE STREET 83 84 City DELRAY BEACH FL 85 Zip Code 33483
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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 <i>Frances E. Kelly</i> DATE MARCH 10, 1998 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE VP <input checked="" type="checkbox"/> DELETE NAME BACHMAN, HELEN STREET ADDRESS 18010 CLEARBROOK CIRCLE CITY-ST-ZIP BOCA RATON FL 33483	<input checked="" type="checkbox"/> DELETE
TITLE D/T <input checked="" type="checkbox"/> DELETE NAME GEISER, JO STREET ADDRESS 200 E ROYAL PALM RD #302 CITY-ST-ZIP BOCA RATON FL 33432	<input checked="" type="checkbox"/> DELETE
TITLE D/P <input checked="" type="checkbox"/> DELETE NAME MARTINETTI, MONA STREET ADDRESS 2757 CLEARBROOK CIRCLE CITY-ST-ZIP DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> DELETE
TITLE S/D <input checked="" type="checkbox"/> DELETE NAME SWANSON, LIL STREET ADDRESS 220 MACFARLAND DR. #1108 CITY-ST-ZIP DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME VICE PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS DOROTHY BRADLEY 1.4 CITY-ST-ZIP 5276 BOCA MARINA BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D 2.2 NAME TREASURER - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS LAURA BRUNETTE 2.4 CITY-ST-ZIP 17743 CANDLEWOOD TERR. BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE D 3.2 NAME PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS BETTY KELLY (FRANCES E.) 3.4 CITY-ST-ZIP 919 EVE ST DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE D 4.2 NAME Helen Bachman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.3 STREET ADDRESS 18010 Clearbrook Circle 4.4 CITY-ST-ZIP BOCA RATON FL 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE:	SIGNATURE REQUIRED
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CR2E037 (1097)