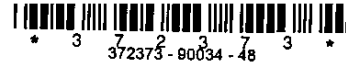


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90036 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752706					
1. Corporation Name BOCATONES, INCORPORATED					
Principal Place of Business 625 NE MIZNER BLVD SUITE 205 BOCA RATON FL 33432 US			Mailing Address 17743 CANDLEWOOD TERR BOCA RATON FL 33487 US		



2. Principal Place of Business 21 22272 Holcomb Pl Suite, Apt. #, etc.		2a. Mailing Address 26 22272 Holcomb Pl Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/02/1980	
22		27		4. FEI Number 59-2007104	
23 City & State Boca Raton FL		28 City & State Boca Raton FL		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Zip 33428		25 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KELLY, BETTY 919 EVE ST DELRAY BEACH FL 33483				10. Name and Address of New Registered Agent 81 Name AUN WATSON 82 Street Address (P.O. Box Number is Not Acceptable) 22272 Holcomb Pl 83 84 City Boca Raton FL 85 Zip Code 33428	
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, to 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 Aun Watson President (Aun Watson) 4/2/99 (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	PIT ☒ Change ☐ Addition
NAME	BRADLEY, DOROTHY	1.2 NAME	AUN WATSON (D)
STREET ADDRESS	BOCA RATON, FL	1.3 STREET ADDRESS	22272 Holcomb Pl
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	DT ☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	BRUNETTE, LAURA	2.2 NAME	ELLEN HEFFES (D)
STREET ADDRESS	17743 CANDLEWOOD TERR	2.3 STREET ADDRESS	17215 BOCA CLUB BLVD
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	PD ☐ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	KELLY, BETTY	3.2 NAME	MARION HETTON (D)
STREET ADDRESS	919 EVE ST	3.3 STREET ADDRESS	6884 PALMAR G
CITY-ST-ZIP	DELRAY BEACH FL 34444	3.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D' ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BACHMAN, HELEN	4.2 NAME	MICHAEL LASCALA (D)
STREET ADDRESS	18010 CLEARBROOK CIR	4.3 STREET ADDRESS	300 NE 21st Dr
CITY-ST-ZIP	BOCA RATON FL 33498	4.4 CITY-ST-ZIP	BOCA RATON FL 33334
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Aun Watson) **4/2/99** **561 883 0815**
Daytime Phone #

CR2E037-11198