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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752706

1. Corporation Name
BOCATONES, INCORPORATED

372373 - 90034 - 48

Principal Place of Business	Mailing Address
625 NE MIZNER BLVD SUITE 205 BOCA RATON FL 33432 US	17743 CANDLEWOOD TERR BOCA RATON FL 33487 US

2. Principal Place of Business 21 22272 Holcomb Pl	2a. Mailing Address 26 22272 Holcomb Pl
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip / Country 24 33428 25 Palm Beach	Zip / Country 29 33428 30 Palm Beach

3. Date Incorporated or Qualifed: 06/02/1980

4. FEI Number: 59-2007104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLY, BETTY 919 EVE ST DELRAY BEACH FL 33483	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, 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: Aun Watson, President (Aun Watson) DATE: 4/2/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRADLEY, DOROTHY BOCA RATON, FL BOCA RATON FL 33431	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition PT AUN WATSON 22272 Holcomb Pl BOCA RATON FL 33428 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRUNETTE, LAURA 17743 CANDLEWOOD TERR BOCA RATON FL 33487	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition VP EILEN HEFFES ~~Box 37 6043~~ 17215 BOCA CLUB BLVD BOCA RATON FL 33487 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELY, BETTY 919 EVE ST DELRAY BEACH FL 34444	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition S MARION LIFTON 6884 Palmar Ct BOCA RATON FL 33433 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D' BACHMAN, HELEN 18010 CLEARBROOK CIR BOCARATON FL 34998	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition D MICHAEL LASCALA 300 NE 216th Dr HILTON MANORS FL 33334 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037-(11/98)

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: Aun Watson PRESIDENT (Aun Watson) 4/2/99 561 883 0815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #