

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

'95 MAY -1 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morzhom Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765951 (9)
 1. Corporation Name
BOCA RATON EXECUTIVE BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3885 ST. JAMES WAY BOCA RATON FL 33434-3376	Mailing Address 3885 ST. JAMES WAY BOCA RATON FL 33434-3376
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1982	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2212289	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**CANTOR, SAMUEL J.
 3885 ST. JAMES WAY
 BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
B5 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title of officer or director) (NOTE: Registered Agent Signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	CANTOR, SAMUEL J.
STREET ADDRESS	3885 ST. JAMES WAY
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	CANTOR, LOUIS S.
STREET ADDRESS	7131 HIALEAH LANE
CITY - ST - ZIP	PARKLAND FL
TITLE	D
NAME	CANTOR, LYNNE
STREET ADDRESS	7131 HIALEAH LANE
CITY - ST - ZIP	PARKLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Louis Cantor* **Louis Cantor** *4/27/95* **385-344-0705**
 (Signature typed or printed name of signing officer or director) (Date) (Telephone Number)