FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815097

appears in Block 12 or Block 13 if

SIGNATURE:

(1)

BOCA HOLDING CORPORATION

Principal Place of Business Mailing Address						######################################
1680 N. FED. HWY. BOCA RATON FL 33432 US		918 HERMANN RD. N. Brunswick nj 0890: Us	N. BRUNSWICK NJ 08902-2345			
					 Date Incorporated or Qualified 03/02/1961 	3a. Date of Last Report 03/20/1996
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Applied For
21		26	26		22-1708916	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			o. Commode of States Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	/	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Re	glatered Agent
PINIZZOTTO, MARIANO			81	Name		
258 ENFIELD ST.			82 Street Addr		dress (P.O. Box Number is Not Acceptal	ple)
BOC	A RATON FL 33401					
			83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Florida Stati	ites, the abov	e-named co	prporation submits this statement for the	purpose of changing its registered
office or r agent. I a	egistered agent, or both, in th im familiar with, and accept th	ie Stale of Florida. Such change was ie obligations of, Section 607.0505, f	s autnorized b Florida Statute	y the corpor s.	ation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE						ļ
	Signature, typed or printed name of regi			ent signature req	quired when re-instating)	DATE
12.	r 	RS AND DIRECTORS	13.	——————————————————————————————————————	ADDITIONS/CHANGES TO OFFI	
THLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	PINIZZOTTO, MARIANO		1.2 NAME	- 1		
STREET ADDRESS	258 ENFIELD ST.			T ADDRESS		
CITY - ST - 7IP			1.4 CITY- 2.1 TITLE	ST-ZIP		Change Addition
TITLE	_ · · · · · · · · · · · · · · · · · · ·		2.1 TITLE 2.2 NAME			La Stange La Roution
NAME DEDEST ADDRESS	PINIZZOTTO, JOSEPH			i		
STREET ADDRESS CITY-ST-ZIP	258 ENFIELD ST. BOCA RATON FL		2.3 STREE 2. 4 CITY-	T ADORESS		
TITLE	S S	DELETE	3.1 THILE	31-711		Change Addition
NAME	MOLNAR, SANTA		3.2 NAME			
STREET ADDRESS	918 HERMANN RD.			T ADDRESS		
CITY-ST-ZIP	N BRUNSWICK NJ		3.4. CITY-			
TITLE	T	DELETE	4.1 TITLE		* ***	Change Addition
NAME	PINIZZOTTO, ANTHONY	-	4, 2 NAME	:		· · · · · ·
STREET ADDRESS	918 HERMANN RD.		4.3 STREE	T ADDRESS		To the state of th
CITY-S1-ZIP	N BRUNSWICK NJ		4.4 CITY -	ST-ZIP		,
TITLE		DELET E	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		· ————————————————————————————————————	☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

14. I do 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name