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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02213

1. Corporation Name

BOCA FINANCIAL CORP.

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90125 005 ***** 75

05-03-1999 90125 006 ***150.00



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Principal Place	e of Business	Mailing Address					Dimit Bimit Mimit Milli	A BIĞIL BIĞIL LOĞI
26162 DEVONSHIRE CT 26162 DEVONSHIRE CT SUITE 300 SUITE 300 EL TORO CA 92630 EL TORO CA 92630					DO NOT WRITE IN	THIS SPACE		
EL TOTO OF S		LE TOTO ON GEORG				3. Date Incorporated or Qualifed		
ĺ						10/20/1980		l
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2092107		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27				2. Certificate of Dialas Desires	Fee F	Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28		_ <u>.</u> _		Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current ye		ZNo
24	25	[29]	30	η—		Personal Property Tax. 10. Name and Address of New Regist	☐ Yes	- NO
<u> </u>	9. Name and Address of	Current Registered Agent		81	Name	To. Name and Address of New Regist	Bred Agent	
SHU	HI, ROBERT P							
	CITRUS TRAIL			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		ļ
	NTON BCH FL 33426			83				
Ì				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 6	07 0502 and 607 1508. Florida Sta	tutes, the a	bove	-named corpor	ation submits this statement for the purpo	se of changing it	s registered
office or r	registered agent, or both, in the	State of Florida. Such change was	s authorized	d by t	the corporation	's board of directors. I hereby accept the	appointment as r	egistered
1	im tamiliar with, and accept the	obligations of, Section 607.0505, f	Titilida Stat	illies.	•			
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable (NC	TE: Registered	d Agent	t signature required y	vhen reinstating) DA	TE	[
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 Ti	ITLE			Change	Addition
NAME	SADICK, GREG W		1.2 N	IAME	ļ			
STREET ADDRESS	1101 N CONGRESS AVE	#206	1.3 \$	TREET		162 Devonshire Ct.		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 C	ITY-ST	_{r-zip} La.	ke Forest, CA 9263		
TITLE		DELETE	, 2.1 TI	MLE			☐ Change	Addition
NAME -			2.2 N	IAME	ļ			J
STREET ADDRESS			23 6					
CITY-ST-ZIP	1		2.30	TREET	ADDRESS			
) rose		·		TREET				
TITLE	1	[] DELETE		CITY-S1			☐ Change	Addition
NAME		DELETE	2.40	CITY-SI			☐ Change	Addition
		[] DELETE	2.4 C 3.1 TI 3.2 N	CITY-SI TILE IAME			☐ Change	Addition
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NAME STREET ADDRESS		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S	CITY-SI TILE IAME STREET CITY-SI	T-ZIP ADDRESS		☐ Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.4 C 13.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	CITY-SI TITLE TAME TREET CITY-SI TITLE VAME	T-ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 C	CITY-SI	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on application with an address, with all other like empowered.

(449)

SIGNATURE: