FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F24922** **(9)**

1. Corporation Name

ORIOLE-BOCA, INC.

Principal Place of Business	Mailing Address
% E.E. HUBSHMAN 1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445	% E.E. HUBSHMAN 1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: **04/17/1981**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-2305076** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No Affliated

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HUBSHMAN, E.E.
1690 S CONGRESS AVE, STE 200
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, RICHARD D.		1.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUBSHMAN, E.E.		2.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, HARRY A.		3.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO (A/S)		4.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARK A.		5.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		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	

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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)(i), Florida Statutes. Further certify that the information indicated on this 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, I am filing this form with an address

SIGNATURE: A. Nunez, Sr. Vice President 03/28/96 (407) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-30-1996