SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F94000004999 (8)

1. Corporation Name

FNP-BOCA, INC.

Principal Place of Business	Mailing Address
700 N. SANGAMON CHICAGO IL 60622	700 N. SANGAMON CHICAGO IL 60622

3. Date Incorporated or Qualified: **09/27/1994**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **36-3976184** — 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

2. Principal Place of Business	2a. Mailing Address
21 1535 N. Dayton	26 1535 N. Dayton
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Chicago, IL	28 City & State: Chicago, IL
24 Zip: 60622 — 25 Country: USA	29 Zip: 60622 — 30 Country: USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐	1.1 TITLE		☒ Change ☐ Addition
NAME	ROSENSTEIN, ANDREA		1.2 NAME		
STREET ADDRESS	700 N. SANGAMON		1.3 STREET ADDRESS	1535 N. Dayton	
CITY-ST-ZIP	CHICAGO IL 60622		1.4 CITY-ST-ZIP	Chicago, IL 60622	
TITLE	DVST	☐	2.1 TITLE		☒ Change ☐ Addition
NAME	ROSENSTEIN, STEVEN J		2.2 NAME		
STREET ADDRESS	700 N. SANGAMON		2.3 STREET ADDRESS	1535 N. Dayton	
CITY-ST-ZIP	CHICAGO IL 60622		2.4 CITY-ST-ZIP	Chicago, IL 60622	
TITLE		☐	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 on an attachment with an address.

SIGNATURE: [signature] — **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** — 7/30/96 Date — (312) 255-8566 Daytime Phone #

CR2E034 (3/96)