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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G04386

1. Corporation Name

MOTOR COACH OF BOCA, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90094 013 ***150.00

Principal Plac 1705 AVENIDA BOCA RATON	DEL SOL	Mailing Address 1705 AVENIDA DEL SOL BOCA RATON FL 33432					
		+ 17.14 ·	م. سر		DO NOT WRITE IN THIS	SPACE	
	A	\$ 1707 NOT 1	105	•	3. Date Incorporated or Qualifed 10/13/1982		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 1707 HOGENINA 26 MOTOR COACH OF BOCK				<u> </u>	59-2223499		ot Applicable
Suite, Apt. #, etc. Delse Suite, Apt. #, etc. Suite, Apt. # Venida Delse Suite, Apt. # Suite, Apt.					5. Certificate of Status Desired	\$8.75 Additional	
City 8 Stat	on Kutanfin	City & State 407-368-516		42	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		
24 354	37 25	29 30			Personal Property Tax.	□Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
SKE	RRY, FREDERICK L., JR.		81	Name	·		
1705 AVENIDA DEL SOL			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33432		83				
			84	City		85 Zip	Code
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12 ☐ Addition
TITLE	PD Skerry, Frederick L., Jr		1.2 NAME				
NAME.	ATOR MENION DEL COL	1		TADORESS			
STREET ADDRESS	BOCA RATON FL		1.4 CITY-S	ţ			
CITY-ST-ZIP			2.1 TITLE	1-211-		Change	Additio
NAME			2.2 NAME				
STREET ADDRESS] :	2.3 STREE	TADDRESS			
CITY-ST-ZIP	<u> </u>		2. 4 CITY- 5	ST-ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITLE	·] -		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	3			TADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP		☐ Change	
TITLE			4.1 TITLE 4. 2 NAME				
NAME STREET ADDRESS	. 3	Į.		T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	* * * * * * * * * * * * * * * * * * * *	•		•
STREET ADDRESS	3			T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1-412			
TITLE			%.1 H/H ►			Change	Addition
NAME		<u></u>	6.1 TITLE 6.2 NAME			☐ Change	☐ Addition

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 their 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 an attachment with an address, who all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: