FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 21 1997 8:00am
Secretary of State

DOCUMENT # H21605   (1)

1. Corporation Name

BOCA EQUITY MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
6166 N.W. 23RD TERRACE BOCA RATON FL 33496	6166 N.W. 23RD TERRACE BOCA RATON FL 33496-3613

3. Date Incorporated or Qualified 09/18/1984	3a. Date of Last Report 02/21/1996

2. Principal Place of Business	21 **21000 Boca Rio Road**	2a. Mailing Address	26 **21000 Boca Rio Road**
Suite, Apt #, etc	22 **Suite A-5**	Suite, Apt. #, etc.	27 **Suite A-5**
City & State	23 **Boca Raton, FL**	City & State	28 **Boca Raton, FL**
Zip	24 **33433**	Country	25 **Palm Beach**	Zip	29 **33433**	Country	30 **Palm Beach**

4. FEI Number 59-2455329	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, JAMES P. 6166 N.W. 23RD TERRACE BOCA RATON FL 33496	81 Name **SAME**
	82 Street Address (P.O. Box Number is Not Acceptable) **10679 Rio Hermoso**
	83
	84 City **Delray Beach** FL 85 Zip Code **33446**

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	STEWART, JAMES P.		1.2 NAME	
STREET ADDRESS	6166 N.W. 23RD TERRACE		1.3 STREET ADDRESS	**10679 Rio Hermoso**
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	**Delray Beach, FL 33446**
TITLE	VST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	STEWART, KATHLEEN M.		2.2 NAME	
STREET ADDRESS	6166 N.W. 23RD TERRACE		2.3 STREET ADDRESS	**10679 Rio Hermoso**
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	**Delray Beach, FL 33446**
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STEWART, KATHLEEN M.		3.2 NAME	
STREET ADDRESS	6166 N.W. 23RD TERRACE		3.3 STREET ADDRESS	**10679 Rio Hermoso**
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	**Delray Beach, FL 33446**
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E034 (9/96)

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 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.

SIGNATURE: _Kathleen M. Stewart_   1/7/97   877-322-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #