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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name H40446

(7)

BOCA LAND SURVEYORS, INC.

FILED Mar 27 1998 8:00am Secretary of State



						MI BIBH BIBH BIBH BIBH IBAI
Principal Place of Business Mailing Address						ter dibit dibit diffit afbit ifibi
833 N.W. 6TH DRIVE 633 N.W. 6TH DRIVE						
BOCA RATON FL 33486		BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	STACE
2. Principa	al Place of Business	2a. Mailing Address			01/30/1985 4. FEI Number	Applicat Co.
21		26			Applied For	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		59-2496458	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing		
23	28				Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	<u> </u>	8. This corporation owes or has paid the co	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			-	10. Name and Address of New Registered	
	RICHT, CRAIG M.		81	Name		
	B33 N.W. 6TH DRIVE				(5.65	
BOCA RATON FL 33486			82	82 Street Address (P.O. Box Number is Not Acceptable)		
DOOR HATON TE 00400			83	·		
			84	City	FI	85 Zip Code
11. Pursua	ant to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	s. the abov	re-named cor	noration submits this statement for the purpose	of changing its registered
OTHÇE C	or registered agent, or both, in the Stat I am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized b	v the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
-		gations of, Section 601:0303, File	nua siaiule	· S.		İ
SIGNATUR	Signature: typed or proted name of registered as	ent and the diapplicable (NOIE	: Registered Ag	ent signature regu	ilred when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PS	DELETE	11 TITLE			☐ Change ☐ Addition
NAME	RICHT, CRAIG		1.2 NAME			
STREET ADDRES	A66 A1144 ATLL DDILLO		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-	ST - 7IP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME	1		2.2 NAME			
STREET ADDRES	ss		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			Ī
TITLE		DELETE	3.1 TITLE	01-20		Change Addition
NAME			3.2 NAME	ŀ		
STREET ADDRES	ss		1	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			i
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	İ	_	4. 2 NAME	ļ		
STREET ADDRES	8		1	ADDRESS		
CITY-ST-ZIP						
TITLE	 	DELETE	4.4 CHTY - S 5.1 TATLE	21-211		Change Addition
NAME		PT DECEME	5.2 NAME			
STREET ADDRES	2.0			I ADDDECO		∞
	N			ADDRESS		3,271
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5	51-ZIP		- Addition
			6.1 TITLE		7000024729 -03/31/98010200 ***150.00	Per Printing Notificial
NAME CENTEET ANDROLD			6.2 NAME		-03/31/98010200	11
STREET ADDRES	is		6.3 STREET		***150 . 00	
CITY-ST-ZIP			6.4 CITY - S	3T - 7JP		1

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 armual 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.