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1996 JUN -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J53720** (5)

1. Corporation Name
BOCA RATON CAPITAL CORPORATION



Principal Place of Business: **6516 VIA ROSA BOCA RATON FL 33433**
Mailing Address: **6516 VIA ROSA BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **01/26/1987**
3a. Date of Last Report: **11/01/1995**
4. FEI Number: **59-2763089**
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 (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

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

81 Name: **THE PRENTICE HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
83 City: **Tallahassee** FL 85 Zip Code: **32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	JACOBS, ALAN L	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	WEICHELBAUM, FRANKLYN B	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAGIDA, MARTIN	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEIB, PETER	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISMAN, SCOTT	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YISRAEL, DAVID	
STREET ADDRESS	6516 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D., CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	T.S., CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Arnold, Rob + H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	152 West 57th Street	
3.4 CITY-ST-ZIP	New York, NY 10029	
4.1 TITLE	MILLER, RONALD L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2601 Heron Lane North	
4.4 CITY-ST-ZIP	Clearwater FL 34622	
5.1 TITLE	Rutstein, C. Lawrence	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1515 Market Street, Suite 604	
5.4 CITY-ST-ZIP	Philadelphia, PA 19102	
6.1 TITLE	Weingarten, Alan H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	21759 Club Villa Terrace	
6.4 CITY-ST-ZIP	Boca Raton, FL 33433	

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; 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 as an attachment with an address.

SIGNATURE: *Franklyn B. Weichselbaum* DATE: **5/19/96** DAYTIME PHONE: **907-477-8590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Franklyn B. Weichselbaum - Chief Financial Officer**

CR2E034 (12/95)