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 FILORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** J58058 (5)**BOCA ONE STREET, INC.** Principal Place of Business Mailing Address 875 NW 108TH LANE 875 NW 108TH LANE **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 3a. Date of Last Report 3. Date incorporated or Qualified 02/17/1987 05/01/1995 Applied For FE1 Number 2. Principal Place of Business Mailing Address 2a. Not Applicable 65-0185187 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Żφ Country This corporation has liability for intangible tax under s. 199.032, Country Zio Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRANSFIELD INVESTMENTS Street Address (P.O. Box Number is Not Acceptable) **875 NW 108TH LANE** CORAL SPRINGS FL 33071 83 85 Zip Code 84 City 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 CATE Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 THILE TITLE D CR2E034 1.2 NAME BRANSFIELD, DENISE NAME 1.3 STREET ADDRESS 875 NW 108TH AVE. STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Adortion DELETE 21 TIFLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City - \$1-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-7IP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 51717.F TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 on an attachment with an address. that my name appears in Block changed, pr SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR