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

**CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	NENI n Name	# K85644	4 (8)				
BOCA /	AIR CHAR	RTERS, INC.	, .				
							<u> </u>
Principal Place	e of Busines	S	Mailing Address			il 81814 81814 81814 81811 (8 81	
3700 AIRPORT RD.			3700 AIRPORT RD.				
BOÇA RATON FL 33431			BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	SPACE
						05/04/1989	
2. Principal P	lace of Busin	ness	2a. Mailing Address			4. FEI Number	Applied For
21			26			65-0133517	Not Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.	<b>}</b> ─¬		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		<del></del>	6. Election Campaign Financing	Fee Required
23			28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Zip Country		Zφ Country		,	8. This corporation owes or has paid the cu	
24			29	30		Personal Property Tax due June 30.	Yes No
		and Address of Currer	nt Registered Agent	81	T Name	10. Name and Address of New Registered	I Agent
BRESLOW, RICHARD H					Name		
3700 AIRPORT RD BOCA RATON FL 33432				82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
DU	UK MATUIT	FL 33432		63			
				84			les Zin Code
						FI	85 Zip Code
office or re	egistered ag	ent, or both, in the State	e of Florida. Such change was :	authorized by	v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar wit	th, and accept the oblig-	ations of Section 607.0505, Fi	orida Statutes	3.	north board or gridolord. Thorsely assept the ap-	pontinon do registros
SIGNATURE	Stoneture, lyped	or printed name of registered age	out and to nit applicable (NO)	16 Registered Apr	ont signature roau-	red when reinstating) DATE	
12,	pullinament - 1. 21		D DIRECTORS	13.	nn eigeneil	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D		DELETE	DELETE 1.1 TITLE			Change Addition
NAME	GREENBERG, MARTIN F.			1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		Doctor	1.4 CITY-S	л- ZIP		
TITLE	D DATE		☐ DELETE	21 TITLE	{		Change Addition
NAME STREET ADDRESS	STEINBERG, PAUL 3700 AIRPORT RD			2.2 NAME			
STREET ADDRESS	BOOL BLECK CL ANDA			2.3 STREET ADDRESS 2.4 CITY - ST- ZIP			
CITY-ST-ZIP TITLE			2. 4 CHY - 5	31-211		Change Addition	
NAME			3.2 NAME			the second secon	
STREET ADDRESS		RPORT RD		3.3 STREET	ADDRESS		
CITY-ST-ZIP		ATON FL 33431		3.4. CITY-5	\ \ \		
TITLE	ST		DELETE	4.1 TITLE			Change Addition
NAME	11112-1211 1111111111111111111111111111		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA R	ATON FL 33431	- Include	4.4 CITY-S	J-ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME ATREET ARROSSO	l			5.2 NAME			,
STREET ADDRESS				5.3 STREET	1		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	T-ZIP		Change Addition
NAME	İ		_ Dictio	6.2 NAME			T outside The section
STREET ADDRESS	Į			6.3 STREET	ANDRESS		i
CITY- ST-7/P				6.4 CITY - S	I		

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 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.