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

DOCUMENT # L04542

(1)

KROLL REALTY OF BOCA RATON, INC.

| FILED | |
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| May 14 1997 8:00am | Ì |
| Secretary of State | |

| Principal Place of Business Mailing Address | | | | | | |
|---|---|-------|----------------|--|---------------------------------------|---|
| 3900 N FEDERAL HWY ONE BOCA RATON FL 33431 3900 N FEDERAL HWY ONE BOCA RATON FL 33431-4525 | | | | | | |
| US | U\$ | | | 3. Date Incorporated or Qualified 07/24/1989 | 3a. Date of Last Report 05/01/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | _ | | 4. FEI Number | | Applied For |
| 21 2263 NW 2nd Ave | 26 2763 NW Z | UN. | Ave | 65-0135665 | | Not Applicable |
| SultayApt. #, etc. 22 / 06 | Suite, Apt. #, etc. #/ /06 | | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required |
| City & State BOCA PAGON | City & State BULA RAFON | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip Country 25 Country 25 | 29 33431 30 | untry | | This corporation has liability for in Florida Statutes | ntangible tax | |
| g, Name and Address of Currer | nt Registered Agent | | | 10, Name and Address of New Reg | istered Age | nt |
| TRAINA, JAMES | | 81 | Name | | | |
| .3900 N. FEDERAL HWY BOCA RATON FL 33431 | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable 260001) | (a) | Jun # 106 |
| | | 83 | - | | | |
| ÿ | | 84 | City | | FL I | 5 Zip Code |
| 11. Pursuant to the provisions of Sections 607.050 office or registered agont, or both, in the State agent. I am familiar with, and accept the obliging | : of Florida. Such change was authorize | od by | the corporatio | ration submits this statement for the pan's board of directors. I hereby accep | urpose of cha t the appoint | anging its registered ment as registered |

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1.1 TITLE Change Addition DEMUTH, DAVID NAME 1.2 NAME CR2E034 2263 NW 2NJ Du #186 -3990 N-FEDERAL HWY STREET ADDRESS 1.8 STREET ADDRESS **BOCA RATON FL** 33431 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TRAINA, JAMES NAME 2.2 NAME 2265 MW 2nd Are + 106 3900 N FEDERAL HWY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP 33431 DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY - ST - 7IP DELE1E TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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.

NONATURE Par Dr. M. Dr. Och Par

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