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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

KROLL REALTY OF BOCA BATON INC.

**FILED** Feb 23 1998 8:00am Secretary of State

MIGGE HEALT OF DOOR	TIATOM, INO.			
Principal Place of Business	Mailing Address		- 1 100%0% DIL QQIAN BROOK ONIN BROOK HER BROOK Q	/B// B/D// B/D// \$/B// B/D// 100/
2263 NW 2ND AVE	2263 NW 2ND AVE			
SUITE 106	SUITE 106			
BOCA RATON FL 33431	BOCA RATON FL 33431	1	DO NOT WRITE IN THI	S SPACE
US	US		3. Date Incorporated or Qualified 07/24/1989	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		65-0135665	Not Applicable
- Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
Zip Country 25	Zip	Country	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	current year Intangible  12 Yes  No
	29 29 Of Current Registered Agent	[30]	10. Name and Address of New Registere	<u> </u>
TRAINA, JAMES		81 Name		
ann air mula an mu airm i i i			ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431		2 300 A	3 N.W. 2ND AVE	# 106
		83		
		84 City		85 Zip Code
		BOCF	A RATON F	L 3343/
<ol> <li>Pursuant to the provisions of Section office or registered agent, or both, in</li> </ol>	is 607.0502 and 607.1508, Florida Statu	utes, the above-hamed corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I am familiar with, and account	t the obligations of Section 607.0505, F	Florida Statutes.	ions board of directors. This by decopt in a	1
SIGNATURE TIMES IN	ama JAMES T	RAINA		1/98
	registered agent and title if applicable INC ICERS AND DIRECTORS	OTE: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE 0	DELETE	1.1 TITLE	ADDITIONATORINATED TO OTHER TOP	Change Addition
NAME DEMUTH, DAVID		1.2 NAME		
STREET ADDRESS 2263 NW 2ND AVE, SUITE 106		1.3 STREET ADDRESS		
CITY-SI-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME TRAINA, JAMES		2.2 NAME		
STREET ADDRESS 2263 NW 2ND AVE, SUITE 106		2.3 STREET ADDRESS	·	
CITY-ST-ZIP BOCA RATON FL	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME	□ pttric	3.1 TITLE		C cuante E vocum
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME	<del></del>	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		<u> </u>
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	·	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 City - ST - ZIP		
TITLE	L DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	received with this filing does not qualify	6.4 City-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	cortify that the information
indicated on this annual report or sup	pplemental annual report is true and ac	ccurate and that my signature	re shall have the same legal effect as if made i	under oath; that I am an
Block 12 or Block 13 if changed, or o	or the receiver or trustee empowered to on an atjachment with an address.	execute this report as requi	ired by Chapter 607, Florida Statutes; and tha	t my name appears in
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