FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:45

DOCUMENT # L21778 (0)

1. Corporation Name
BOCA RATON ORCHID SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 276367 BOCA RATON FL 33427-6367 US	PO BOX 276367 BOCA RATON FL 33427-6367 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0089433 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CRAWSHAW, LORY-ANN
7905 PALACIL DEL MAR DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: Bob Fitzgerald
82 Street Address (P.O. Box Number is Not Acceptable): 6192 La Vida Terr.
83: Boca Raton
84 City: FL 85 Zip Code: 33433

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: Robert M. Fitzgerald 2/4/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	VIGGIAMO, TERRY	1.2 NAME	
STREET ADDRESS	6503 LAS FACES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	membership ☑ Change ☐ Addition
NAME	FINE, JOAN	2.2 NAME	Nancy Wilson
STREET ADDRESS	7899 PALACIO DEL MAR DR	2.3 STREET ADDRESS	23425 Water Circle
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton Fl. 33486
TITLE	DV	3.1 TITLE	✓ ☑ Change ☐ Addition
NAME	BURACK, MILES	3.2 NAME	Steve Moss
STREET ADDRESS	10755 ASHMONT DR	3.3 STREET ADDRESS	1664 N.W 9th St.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton Fl 33486
TITLE	DS	4.1 TITLE	CS ☑ Change ☐ Addition
NAME	FITZGERALD, BOB	4.2 NAME	Paula Vagner
STREET ADDRESS	6192 LA UDA TERRACE	4.3 STREET ADDRESS	1490 NE 4th Ct.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton Fl 33432
TITLE	DS	5.1 TITLE	S ☑ Change ☐ Addition
NAME	YODT, KAY	5.2 NAME	Lucille Nicolosi
STREET ADDRESS	480 NW 72ND ST	5.3 STREET ADDRESS	8231 B. Severn Dr.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton Fl. 33433
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BASTIDA, NICOLE	6.2 NAME	
STREET ADDRESS	1301 COCONUT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 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)(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.

SIGNATURE: Terry Viggiano 2/2/95 407-477-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436041 FP