

**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
CORPORATION
ANNUAL REPORT
1996



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

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

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BOCA RATON FL 33427-6367
US

3. Date Incorporated or Qualified

10/10/1989

3a. Date of Last Report

02/07/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, BOB
6192 LA VIDA TERR.
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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 Fitzgerald
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/13/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☒ DELETE
NAME **VIGGIAMO, TERRY**
STREET ADDRESS **6503 LAS FACES DR**
CITY-ST-ZIP **BOCA RATON FL**

11 TITLE **DT** ☒ Change ☐ Addition
12 NAME **MARY DE LOCA**
13 STREET ADDRESS **1260 N.E. 4TH CT.**
14 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **M** ☐ DELETE
NAME **WILSON, NANCY**
STREET ADDRESS **23425 WATER CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **MOSS, STEVE**
STREET ADDRESS **1664 NW 8TH ST**
CITY-ST-ZIP **BOCA RATON FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **CS** ☐ DELETE
NAME **VAGNER, PAULA**
STREET ADDRESS **1490 NE 4TH CT**
CITY-ST-ZIP **BOCA RATON FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **NICOLOSI, LUCILLE**
STREET ADDRESS **8231 B. SEVERN DR.**
CITY-ST-ZIP **BOCA RATON FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BASTIDA, NICOLE**
STREET ADDRESS **1301 COCONUT RD**
CITY-ST-ZIP **BOCA RATON FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary De Loca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-392-6314

(Date)

Daytime Phone #

CR2E034 (3/96)