

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

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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L21778 (0)

1. Corporation Name
BOCA RATON ORCHID SOCIETY, INC.

Principal Place of Business PO BOX 276367 BOCA RATON FL 33427-6367 US	Mailing Address PO BOX 276367 BOCA RATON FL 33427-6367 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1989	3a. Date of Last Report 06/21/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0089433	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FITZGERALD, BOB 6192 LA VIDA TERR. BOCA RATON FL 33433				10. Name and Address of New Registered Agent	
81	Name	JACK B. JONES			
82	Street Address (P.O. Box Number is Not Acceptable)				
83		1290 N.E. 4th CT.			
84	City	Boca Raton	FL	85	Zip Code 33432

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 607.0605, Florida Statutes.

SIGNATURE: *Jack B. Jones* (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	DELOCA, MARY	<input type="checkbox"/> DELETE	1.1 TITLE	DT	DELOCA, MARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS		1260 NE 4TH CT		1.3 STREET ADDRESS		1260 N.E. 4th CT.	
CITY-ST-ZIP		BOCA RATON FL		1.4 CITY-ST-ZIP		BOCA RATON, FL 33432	
TITLE	M	WILSON, NANCY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	M	CRISHOLM, Judy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS		23425 WATER CIRCLE		2.3 STREET ADDRESS		1292 Via Palomar	
CITY-ST-ZIP		BOCA RATON FL		2.4 CITY-ST-ZIP		Boca Raton FL 33433	
TITLE	V	MOSS, STEVE	<input type="checkbox"/> DELETE	3.1 TITLE	CS	MOSS, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS		1664 NW 8TH ST		3.3 STREET ADDRESS		1664 NW 8th ST.	
CITY-ST-ZIP		BOCA RATON FL		3.4 CITY-ST-ZIP		Boca Raton, FL	
TITLE	CS	VAGNER, PAULA	<input type="checkbox"/> DELETE	4.1 TITLE	V	VAGNER, Paula	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS		1490 NE 4TH CT		4.3 STREET ADDRESS		1490 NE 4th CT	
CITY-ST-ZIP		BOCA RATON FL		4.4 CITY-ST-ZIP		Boca Raton, FL	
TITLE	S	NICOLOSI, LUCILLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	GARTAN, Angie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS		8231 B. SEVERN DR.		5.3 STREET ADDRESS		5821 Town Bay Dr. #516	
CITY-ST-ZIP		BOCA RATON FL		5.4 CITY-ST-ZIP		Boca Raton FL 33486	
TITLE	D	BASTIDA, NICOLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	BERMAN, Rhoda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS		1301 COCONUT RD		6.3 STREET ADDRESS		18822 Caspian Circle	
CITY-ST-ZIP		BOCA RATON FL		6.4 CITY-ST-ZIP		Boca Raton FL 33496	

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.

SIGNATURE: *Jack B. Jones* DATE: 2/1/97 (561) 241-1127

CR2E034 (9/96)