


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90042 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L21778

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1989	
21		26		4. FEI Number 65-0089433	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent JACK B. JONES 1290 NE 4TH CT BOCA RATON FL 33432		10. Name and Address of New Registered Agent	
		81 Name Ned Erman	
		82 Street Address (P.O. Box Number is Not Acceptable) 9874-A Boca Gardens Trail	
		83	
		84 City Boca Raton	85 Zip Code FL 33497
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 Ned Erman		President & Resident Agent 2-27-99	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAASEN, A J	1.2 NAME	
STREET ADDRESS	299 NE 4TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M	2.2 NAME	Director
STREET ADDRESS	7292 VIA PALOMAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	3.2 NAME	President
STREET ADDRESS	9874 A BOCA GARDENS TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33497	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	4.2 NAME	
STREET ADDRESS	VAGNER, PAULA	4.3 STREET ADDRESS	
CITY-ST-ZIP	1490 NE 4TH CT BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	Vice President
STREET ADDRESS	HEIM-MAECHTLE, JANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	2028 S CONFERENCE DR BOCA RATON FL 33486	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	6.2 NAME	
STREET ADDRESS	CHISHOLM, SALLIE	6.3 STREET ADDRESS	
CITY-ST-ZIP	3135 LAKEVIEW BLVD DELRAY BCH FL 33445	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Sallie Chisholm*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-99 561-638-1456
 Date Daytime Phone #

CR2E034 (11/98)