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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # L45562 (0)

1. Corporate Name
190 BOCA, INC.

Principal Place of Business	Mailing Address
99 N.E. MIZNER BLVD. BOCA RATON FL 33432	99 N.E. MIZNER BLVD. BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 01/28/1994

4. FEI Number: 65-0192466 — 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 2301 SAMPLE ROAD	26 2301 W SAMPLE RD
Suite, Apt. #, etc. 22 BLDG #3 - SU#2A	Suite, Apt. #, etc. 27 BLDG #3 SU#2A
City & State 23 POMPANO BEACH	City & State 28 POMPANO BEACH FL
Zip 24 33073 — Country 25 BROWARD	Zip 29 33073 — Country 30 BROWARD

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENFIELD, MIKE 9100-A BOCA GARDENS PKWY. BOCA RATON FL 33496	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2301 W SAMPLE ROAD 83 BLDG # 3 SU# 2A 84 City POMPANO BEACH FL 85 Zip Code 33073

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 [signature] DATE 2-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	GREENFIELD, MIKE	12 NAME	GREENFIELD, MIKE
STREET ADDRESS	9100-A BOCA GARDENS PKWY.	13 STREET ADDRESS	2301 W SAMPLE ROAD
CITY-ST-ZIP	BOCA RATON FL 33496	14 CITY-ST-ZIP	BLDG# 3, S#2A POMPANO BCH FL 33073
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-23-95 Date — 407-487-5555 Daytime Phone #

0266806 CP