

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L45562 (0)
1. Corporation Name
190 BOCA, INC.



Principal Place of Business 2301 W SAMPLE RD BLDG 3 STE 2A POMPANO BEACH FL 33073 US	Mailing Address 2301 W SAMPLE ROAD BLDG 3 STE 2A POMPANO BEACH FL 33073 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2201 W Sample Rd Suite, Apt. #, etc. 22 Bldg 3, Ste 2A City & State 23 Pompano Beach FL Zip 24 33073		2a. Mailing Address 26 2201 W Sample Rd Suite, Apt. #, etc. 27 Bldg 3, Ste 2A City & State 28 Pompano Beach FL Zip 29 33073		3. Date Incorporated or Qualified 01/23/1990	
				4. FEI Number 65-0192466	
				5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent GREENFIELD, MIKE 2301 W SAMPLE ROAD BLDG 3 STE 2A POMPANO BEACH FL 33073				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2201 W Sample Rd			
				83 Bldg 3 Ste 2A			
				84 City Pompano Beach			
				85 Zip Code FL 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 Mike Greenfield DATE 1/13/98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENFIELD, MIKE			1.2 NAME	GREENFIELD MIKE		
STREET ADDRESS	2301 W SAMPLE ROAD BLDG 3 STE 2A			1.3 STREET ADDRESS	2201 W Sample Rd		
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP	Pompano Beach FL 33073		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE Mike Greenfield DATE 1/13/98

CR2E034 (10/97)