

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L81743 (1)

1. Corporation Name

BOCA HOME RENTALS AND SALES, INC.

Principal Place of Business

6309 NW 66TH WAY
PARKLAND FL 33067-1313

Mailing Address

436 ASHWOOD PLACE
BOCA RATON FL 33431
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:33

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0249306

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

21 33 SE 7th ST

2a. Mailing Address

26 1360 S.W. 18 ST

Suite, Apt. #, etc.

22 SUITE K

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

WOOD, JACQUELINE A
436 ASHWOOD PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

1360 SW 18 STREET

83

84 City

BOCA RATON

FL

85 Zip Code

33486

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:

Jacqueline A. Wood

12. OFFICERS AND DIRECTORS

12a. TITLE	D
12b. NAME	WOOD, JACQUELINE A.
12c. STREET ADDRESS	436 ASHWOOD PLACE
12d. CITY, ST, ZIP	BOCA RATON FL
12e. TITLE	
12f. NAME	
12g. STREET ADDRESS	
12h. CITY, ST, ZIP	
12i. TITLE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, ST, ZIP	
12m. TITLE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY, ST, ZIP	
12q. TITLE	
12r. NAME	
12s. STREET ADDRESS	
12t. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	D	☒ Change ☐ Addition
13b. NAME	WOOD, JACQUELINE A.	
13c. STREET ADDRESS	1360 SW 18 ST	
13d. CITY, ST, ZIP	BOCA RATON FL 33486	
13e. TITLE		☐ Change ☐ Addition
13f. NAME		
13g. STREET ADDRESS		
13h. CITY, ST, ZIP		
13i. TITLE		☐ Change ☐ Addition
13j. NAME		
13k. STREET ADDRESS		
13l. CITY, ST, ZIP		
13m. TITLE		☐ Change ☐ Addition
13n. NAME		
13o. STREET ADDRESS		
13p. CITY, ST, ZIP		
13q. TITLE		☐ Change ☐ Addition
13r. NAME		
13s. STREET ADDRESS		
13t. 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 119.02(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE:

Jacqueline A. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELINE A. WOOD

1/9/95 (407) 362-0744
Date File Number