

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # **L83773** (6)

1. Corporation Name
BOCA JAVA, INC.

Principal Place of Business
**194 TOWNE CENTER
BOCA RATON FL 33432-2601
US**

Mailing Address
**8500 NW 79TH ST
TAMARAC FL 33321**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1000 NW 1st AVE**

23 City & State

27 Suite, Apt. #, etc.

28 **Boca Raton FL.**

24 Zip

25 Country

29 Zip

30 Country

33432 US

3. Date Incorporated or Qualified
06/18/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0100145

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANSFIELD, GARY N
8500 NW 79TH ST
TAMARAC 33321**

**1000 NW 1st AVE
Ste 20
Boca Raton, FL 33432**

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and filed applicable:

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME
**DP
MANSFIELD, MURIEL
8500 N.W. 79TH ST
TAMARAC FL**

1.2 NAME

**1000 NW 1st AVE suite 20
Boca Raton, FL 33432**

CITY - ST - ZIP ☐ DELETE

1.3 STREET ADDRESS

☒ Change ☐ Addition

TITLE
**DV
MANSFIELD, LAWRENCE
8500 N.W. 79TH ST
TAMARAC FL**

2.1 TITLE

same as above

NAME ☐ DELETE

2.2 NAME

☒ Change ☐ Addition

STREET ADDRESS
**DS
MANSFIELD, STEPHEN
8500 N.W. 79TH ST
TAMARAC FL**

2.3 STREET ADDRESS

same as above

CITY - ST - ZIP ☐ DELETE

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
**DT
MANSFIELD, GARY
8500 N.W. 79TH ST
TAMARAC FL**

3.1 TITLE

same as above

NAME ☐ DELETE

3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
☐ DELETE

3.3 STREET ADDRESS

☐ Change ☐ Addition

CITY - ST - ZIP ☐ DELETE

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (12/95)