

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L85386**

(5)

1. Corporation Name

BOCA PAPER CO., INC.

Principal Place of Business

**% LAWRENCE D. ZIETZ, ESQ.
8181 WEST BROWARD BLVD., SUITE 380
PLANTATION FL 33324**

Mailing Address

**% LAWRENCE D. ZIETZ, ESQ.
8181 WEST BROWARD BLVD., SUITE 380
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0211639

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ZIETZ, LAWRENCE D., ESQ.
8181 WEST BROWARD BLVD.
SUITE 380
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes.

SIGNATURE

Michael M. Klein

MICHAEL M. KLEIN

4/18/95

DATE

Registered Agent or Central Office of registered agent and title of registered agent

Registered Agent or Central Office of registered agent and title of registered agent

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

KLEIN, MICHAEL

21905 LAKE FOREST CR 101

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

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30 CITY ST ZIP

31 TITLE

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34 CITY ST ZIP

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38 CITY ST ZIP

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42 CITY ST ZIP

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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 110.07(6)(k), Florida Statutes. I further certify that the information submitted 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 in an appointment with an address.

SIGNATURE:

Michael M. Klein

MICHAEL M. KLEIN

5-4-95

(407) 391-3787

SIGNATURE AND FILED ON PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER