

**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

DOCUMENT # **L98537** (8)

1. Corporation Name  
**YALE PROPERTIES-BOCA ONE, INC.**



Principal Place of Business  
~~2800 NORTH MILITARY TRAIL~~  
~~STATE BOX~~  
~~BOCA RATON FL 33433~~

Mailing Address  
~~2800 NORTH MILITARY TRAIL~~  
~~SUITE 801~~  
~~BOCA RATON FL 33431~~

2. Principal Place of Business  
21 **5675 S.W. 35th Avenue**  
Suite, Apt. #, etc.

22 City & State  
23 **Ft. Lauderdale, FL**

24 Zip **33312** 25 Country **USA**

2a. Mailing Address  
26 **5675 S.W. 35th Avenue**  
Suite, Apt. #, etc.

27 City & State  
28 **Ft. Lauderdale, FL**

29 Zip **33312** 30 Country **USA**

3. Date Incorporated or Qualified **09/10/1990** 3a. Date of Last Report **04/26/1995**

4. FDI Number **65-0216701** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name  
**DECKELBAUM, GORDON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**BOITE 2018**  
**2800 N. MILITARY TRAIL**  
**BOCA RATON FL 33433**

83

84 City **Ft. Lauderdale** 85 Zip Code **FL 33312**

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 date if applicable) (FDI# - Registered Agent's last registration number) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>RICHTER, SAM</b>	
STREET ADDRESS	<del>2800 N. MILITARY TRAIL</del>	
CITY-STATE-ZIP	<del>BOCA RATON FL</del>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>RICHTER, MORRIS</b>	
STREET ADDRESS	<del>2800 N. MILITARY TRAIL</del>	
CITY-STATE-ZIP	<del>BOCA RATON FL</del>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>DECKELBAUM, GORDON</b>	
STREET ADDRESS	<del>2800 N. MILITARY TRAIL</del>	
CITY-STATE-ZIP	<del>BOCA RATON FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richter, Sam</b>	
1.3 STREET ADDRESS	<b>3100 North Ocean Blvd.</b>	
1.4 CITY-STATE-ZIP	<b>Ft. Lauderdale, FL 33308</b>	
2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Richter, Morris</b>	
2.3 STREET ADDRESS	<b>3801 North 41st Avenue</b>	
2.4 CITY-STATE-ZIP	<b>Hollywood, FL 33021</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Deckelbaum, Gordon</b>	
3.3 STREET ADDRESS	<b>5675 S.W. 35th Avenue</b>	
3.4 CITY-STATE-ZIP	<b>Ft. Lauderdale, FL 33312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Gordon Deckelbaum, President** 3/6/95 (954) 983-6310

CR2E034 (12/95)