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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M55507 (1)

1. Corporation Name
PCA/BOCA, INC.

Principal Place of Business
620 S.W. 12TH AVENUE
POMPANO BEACH FL 33069-4526

Mailing Address
620 S.W. 12TH AVENUE
POMPANO BEACH FL 33069-4526



3. Date Incorporated or Qualified 07/13/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 2501 NW 17 Lane
Suite, Apt. #, etc.

2a. Mailing Address
26 2501 NW 17 Lane
Suite, Apt. #, etc.

4. FEI Number 59-2830845
Applied For Not Applicable

22 City & State
23 Pompano Beach FL

27 City & State
28 Pompano Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33064 25 Country
29 33064 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LICKSTEIN, FRED K.
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Michi Wexler
82 Street Address (P.O. Box Number is Not Acceptable) 9973 NW 15 Ct
83
84 City Coral Springs FL 85 Zip Code 33071

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 *Michi Wexler* DATE 4/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D ☒ DELETE
NAME TUCHMAN, MURRAY
STREET ADDRESS 620 S.W. 12TH AVENUE
CITY-ST-ZIP POMPANO BCH FL
TITLE VP ☐ DELETE
NAME WEXLER, JAMES
STREET ADDRESS 9973 NW 15 CT.
CITY-ST-ZIP CORAL SPRINGS FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TIS ☐ Change ☒ Addition
1.2 NAME Michi Wexler
1.3 STREET ADDRESS 9973 NW 15 Ct
1.4 CITY-ST-ZIP Coral Springs, FL 33071
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Michi Wexler* DATE 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michi Wexler 928-6444
James Wexler 916-482

CR2E034 (9/96)