


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # M78863 (1)</b>		
1. Corporation Name <b>BOCA HOME SERVICES, INC.</b>		

FILED  
97 SEP -2 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2275 S FEDERAL HWY DELRAY BCH FL 33483-3381 US</b>	Mailing Address <b>2275 SOUTH FEDERAL HWY DELRAY BCH FL 33483-3381 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>05/02/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>65-0037845</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FASTOV, FRANK F. 19658 WATERS BAY CT. #1204 BOCA RATON FL 33434</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FASTOV, RUTH</b>	1.2 NAME	
STREET ADDRESS	<b>19658 WATERS BAY CT.</b>	1.3 STREET ADDRESS	<b>300002284603--1</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>-09/04/97--01050--009</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>***165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FASTOV, FRANK F.</b>	2.2 NAME	
STREET ADDRESS	<b>19658 WATERS BAY CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 907, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

First sent 4/26/97  
2nd sent 6/1/97

81-288-1000

CR2E034 (4/97)

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**BOCA HOME SERVICES, INC.**

2275 South Federal Highway  
Delray Beach, FL 33483-3381  
407-278-2000  
Fax: 407-278-2781  
Beeper: 407-552-4970

Aug. 13, 1997

Florida Department of State  
Division of corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Re: Letter #097A00040312 (8/8/97)

Ms. Leslie Sellers  
Document Specialist

Dear Ms. Sellers,

I phoned your office today and spoke with a person who clarified the terms of your letter for me.

I enclose a second copy of the Annual Report which I sent on April 25, 1997 together with a Boca Home Service check (#1081) and which got mixed up with another corporation that I own.

I am not able to figure out how the checks got mixed up, and all this time I believed, with the Boca Home Service cancelled check, that the filing fee had been paid.

I enclose another check for \$165, and would like to thank you for your cooperation in resolving this problem.

Sincerely yours

BOCA HOME SERVICES, INC.



Frank Fastov  
President