04-26-1999 90100 013 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT	# N	14	511
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PINE, JERRY

SUITE #17

6401 E. ROGERS CIRCLE

BOCA RATON FL 33487

BOCA OFFICE AND WAREHOU	SE PARK CORPORATION				
Principal Place of Business 6401 E ROGERS CIRCLE BOCA RATCN FL 33487 BOCA RATON FL 33487 BOCA RATON FL 33487 US		1			
Principal Place of Business 21	2a. Mailing Address	3. Date Incorporated or Qualifed 04/22/1986			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEt Number Applied Fo			
22	27	59-2724142 Not Applica			
City & State	City & State	5. Certificate of Status Desired			
Zip Country	Zip Country	6. Election Campaign Financing \$5.00 May Be			

ate Incorporated or Qualifed 4/22/1986	
El Number	Applied For
9-2724142	Not Applicable

Country 25	Zip 29	Gou	ntry		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Cu	ne and Address of Current Registered Agent 10. Name and Address of New						Registered Agent		
			81	Name					
			82	Street Addres	ss (P.O. Box Number is Not Accepta	able)			
BERS CIRCLE			83						

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

City

agent. a	im familiar with, and accept the obligations of, Sec	ction 617.0503, Flor	da Statutes.			4/2/99	
SIGNATURE	Signature, typed or printed name of registered agent and title appl	~~~~~ ,	Registered Agent signature re	on ired when reinstatin	(g)	DATE	
12.	OFFICERS AND DIRECTO		13.			OFFICERS AND DIRECTOR	
TITLE	PD	☐ DELETÉ	1.1 1111			Change	☐ Addition
NAME	RICE, JERRY		1.2 NAME	PINE,	Jerry	•	
STREET ADDRESS	6401 E. ROGERS CIR #17		1.3 STREET ADDRESS	,	/		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY+ST-ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	DOXEY, JOANN		2.2 NAME				
STREET ADDRESS	5350 10TH AVE NORTH #6		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463		2. 4 CITY- ST- ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	SCHWATZ, PAUL		3.2 NAME				
STREET ADDRESS	175 5TH AVE		3.3 STREET AODRESS				
CITY-ST-ZIP	NEW YORK NY 10010		3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	HILL, DAVID		4. 2 NAME				
STREET ADDRESS	6401 E. ROGER CIR #17		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				- Port
TITLE , " ` . " . "	•	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
	1		GACITY ST 75D				

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

Wetrold Pre Present 2/99