FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17095 (3)

1. Corporation Name
BUSINESS INC. OF BOCA RATON

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY SUITE 307-A BOCA RATON FL 33431	4800 N FEDERAL HWY SUITE 307-A BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2722883 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARBIERI, FRANK A
7000 W PALMETTO PARK RD
SUITE 409
BOCA RATON FL 33433

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WARNER, J STEVEN	1.2 NAME	Louise Clein Kenith
STREET ADDRESS	4800 N FEDERAL HWY #307-A	1.3 STREET ADDRESS	7000 W. Palmetto Park Rd - # 207
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	O'NEILL, JM	2.2 NAME	Les Paclak
STREET ADDRESS	301 YAMATO ROAD # 2101	2.3 STREET ADDRESS	490 E. Palmetto Park Rd
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL.
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	KING	3.2 NAME	Carol Madison
STREET ADDRESS	634 W GLADES RD	3.3 STREET ADDRESS	4451 N Dixie Hwy
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	MANUS, BARBARA	4.2 NAME	Joel I. Levy
STREET ADDRESS	2500 N MILITARY TR	4.3 STREET ADDRESS	2101 Corporate Blvd
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton FL.
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ELAKMAN, WOEWARD Howard E.	5.2 NAME	
STREET ADDRESS	PO BOX 5156 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DOENGES, JM	6.2 NAME	
STREET ADDRESS	6580 E ROGERS CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-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)(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 attachment with an address.

SIGNATURE: _____ 7/6/95 4/07-998-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joel I. Levy

0011076