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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17095** (3)

1. Corporation Name

BUSINESS INC. OF BOCA RATON

Principal Place of Business

Mailing Address

C/O ROASTED BEAN
21202 ST. ANDREWS BLVD.
BOCA RATON FL ~~33433~~ **33433-2435**

C/O ROASTED BEAN
21202 ST. ANDREWS BLVD.
BOCA RATON FL 33433-2435



3. Date Incorporated or Qualified
10/02/1986

3a. Date of Last Report
08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **33433** Country

28 Zip Country

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBIERI, FRANK A
7000 W PALMETTO PARK RD
SUITE 109
BOCA RATON FL 33433

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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PTD~~ ☐ DELETE
NAME **MANUS, BARBARA**
STREET ADDRESS **4998 N.W. 27TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33433**

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2500 N. MILITARY TRAIL #150**
1.4 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** ☒ DELETE
NAME **PRELAK, LES**
STREET ADDRESS **490 E PALMETTO PARK RD**
CITY-ST-ZIP **BOCA RATON FL 33432**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **GREENBERG, EUGENE**
2.3 STREET ADDRESS **2200 W. GLADES ROAD #913**
2.4 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SD** ☒ DELETE
NAME **ARTINIAN, ROBERT**
STREET ADDRESS **C/O PNC MORTGAGE**
CITY-ST-ZIP **W. PALM BCH. FL**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **COHEN, HOWARD**
3.3 STREET ADDRESS **10804 SEACLIFF CIRCLE**
3.4 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☒ DELETE
NAME **ALEXANDER, DORYLEE**
STREET ADDRESS **C/O ONE CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL 33431**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **HAGEY, NANCY**
4.3 STREET ADDRESS **23123 STATE ROAD 7 #231**
4.4 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ DELETE
NAME **PRELAK, AARON**
STREET ADDRESS **22763 STATE RD. 7**
CITY-ST-ZIP **BOCA RATON FL 33428**

5.1 TITLE **D-Act** ☐ Change ☒ Addition
5.2 NAME **O'NEIL, TONI**
5.3 STREET ADDRESS **1191 E NEWPORT CENTER DRIVE**
5.4 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **AARON Prelak**
6.3 STREET ADDRESS **22763 STATE Rd. 7**
6.4 CITY-ST-ZIP **Boca Raton, FL. 33428**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **4/29/97** **(561) 338-7030**
Date Daytime Phone # 0042070

CR2E037 (9/96)