

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N41520 (0)
1. Corporation Name
DOWNTOWN BUSINESS ALLIANCE OF BOCA RATON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:57

Principal Place of Business Mailing Address
75 S.E. 3RD STREET 75 S.E. 3RD STREET
BOCA RATON FL 33432 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1991 3a. Date of Last Report 09/22/1994
4. FEI Number 65-0324667 Applied For Not Applicable

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

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 ☐ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J. HERMAN DANCE
75 S.E. 3RD STREET
BOCA RATON FL 33432

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

TITLE P
NAME STEELE, MICHELE
STREET ADDRESS 71 SE FIRST AVE.
CITY - ST - ZIP BOCA RATON FL 33432

TITLE V
NAME DINIZO, DODIE
STREET ADDRESS 100 S. FEDERAL HWY.
CITY - ST - ZIP BOCA RATON FL 33432

TITLE T
NAME ALLEN, ALBERT
STREET ADDRESS 200 S. FEDERAL HWY.
CITY - ST - ZIP BOCA RATON FL 33432

TITLE D
NAME STEWART, SALLY
STREET ADDRESS 750 S. DIXIE HWY.
CITY - ST - ZIP BOCA RATON FL 33432

TITLE D
NAME DANCE, J. HERMAN
STREET ADDRESS 75 SE THIRD ST.
CITY - ST - ZIP BOCA RATON FL 33432

TITLE D
NAME ALLEN, ALBERT
STREET ADDRESS 200 S. FEDERAL HWY.
CITY - ST - ZIP BOCA RATON FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95

407-392-8080