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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:42

DOCUMENT # N48726 (6)

1. Corporation Name
HYPER ACTIVE OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
9267 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	7860 WILES ROAD CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0363809 ☐ 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 9267 W. Atlantic Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Springs FL
Zip 24 / Country 25	Zip 29 33071 / Country 30

9. Name and Address of Current Registered Agent

LYNCH, JAY W.
7860 WILES ROAD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9267 W. Atlantic Blvd
83
84 City Coral Springs FL 85 Zip Code 33071

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 _____ 1/19/95
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	PD	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	LYNCH, JAY	1.2 NAME	De La Cerda, Lydia	
STREET ADDRESS	9630 NW 35TH ST.	1.3 STREET ADDRESS	5701 NW 65th Avenue	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Tamarac FL 33319	
TITLE	VPD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LYNCH, DEBRA	2.2 NAME	Jay Lynch	
STREET ADDRESS	9630 NW 35THST.	2.3 STREET ADDRESS	12012 Royal Palm Blvd	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	SD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	RIHA, MARY ANN	3.2 NAME	Debra Lynch	
STREET ADDRESS	3541 NW 73RD WAY	3.3 STREET ADDRESS	12012 Royal Palm Blvd	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SQUILLANTE, JANET	4.2 NAME		
STREET ADDRESS	9781 W. SAMPLE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: _____ 1/19/95 (305) 3467529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006483