FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09171** **(0)**

1. Corporation Name
SI BOCA, INC.

Principal Place of Business	Mailing Address
C/O SIBAG HOLDING CORP 1201 MARKET STREET SUITE 1402 WILMINGTON DE 19801	C/O SIBAG HOLDING CORP 1201 MARKET STREET SUITE 1402 WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1986**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **22-2686276** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	11 TITLE		☐ Change ☐ Addition
NAME	MENHARD, HANS	12 NAME		
STREET ADDRESS	40 CENTRAL PARK SOUTH	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	VTDS	21 TITLE		☐ Change ☐ Addition
NAME	MITTAG, JUERGEN	22 NAME		
STREET ADDRESS	33 EASTERN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	VC	☒ Change ☐ Addition
NAME	GISH, DENNIS	32 NAME		
STREET ADDRESS	21 ENSIGN LANE	33 STREET ADDRESS		
CITY-ST-ZIP	MASSAPEQUA NY	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	BLAKER, EILEEN	42 NAME		
STREET ADDRESS	79 INDIAN HEAD ROAD	43 STREET ADDRESS	17 CHERRY TREE LANE	
CITY-ST-ZIP	RIVERSIDE, C.T.	44 CITY-ST-ZIP	RIVERSIDE, CT	
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	MITTAG, JERGEN	52 NAME	DELETE	
STREET ADDRESS	33 EDSLEEN DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	GUNNER, JOHANSON	62 NAME	JOHANSSON, GUNNAR	
STREET ADDRESS	51 W. MAIN ST.	63 STREET ADDRESS		
CITY-ST-ZIP	BROOKSIDE NJ	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis C. Gish Dennis C. Gish 1/24/95 (302)654-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474002 FP