

5-16 9113-1467 MC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P09171 (0)

1. Corporation Name
SI BOCA, INC.

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

Mailing Address
C/O SIBAG HOLDING CORP
1201 MARKET STREET SUITE 1402
WILMINGTON DE 19801-1183

3. Date Incorporated or Qualified 02/19/1986	3a. Date of Last Report 04/19/1996
4. FEI Number 22-2686276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENHARD, HANS	1.2 NAME	
STREET ADDRESS	35 BOULDER BROOK RD.	1.3 STREET ADDRESS	35 BOULDER BROOK RD
CITY-ST-ZIP	GREEN WICH CT	1.4 CITY-ST-ZIP	
TITLE	VTDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTAG, JUERGEN	2.2 NAME	
STREET ADDRESS	33 EASTERN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARDSLEY NY	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISH, DENNIS	3.2 NAME	
STREET ADDRESS	21 ENSIGN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MASSAPEQUA NY	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKER, EILEEN	4.2 NAME	
STREET ADDRESS	17 CHERRY TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CT	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSSON, GUNNAR.	5.2 NAME	
STREET ADDRESS	51 W. MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 1/8/97

302 654 7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)