FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90110 049 ***150.00

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DOCUMENT #	# P09171
4 6	1 00 17 1

SI BOCA, INC.

Principal Place of Business

C/O SIBAG HOL 1201 MARKET S WILMINGTON DI	TREET SUITE 1402	C/O SIBAG HOLDING CORP 1201 MARKET STREET SUITE WILMINGTON DE 19801	1402			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/19/1986	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				22-2686276 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible	
24	25	29	10			Personal Property Tax.	
					10. Name and Address of New Registered Agent		
				81	Name		
	ORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)	
	S. PINE ISLAND ROAD			Street Address (F.O. Box Humber is Not Acceptable)			
PLAN	ITATION FL 33324			83			
				84	City	FL 85 Zip Code	
31 D	the provisions of Cartina - CO7 0500	and 607 1509 Florido Statutos	the	hovo	named		
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							
	Signature, typed or printed name of registered agent		legistered	Agent	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS ANI	D DIRECTORS	13. 1,1 Ti	 -	 -,	Change Addition	
TITLE	AST	□ DECE IE					
NAME	NEWDECK, C M		1.2 NAME				
STREET ADDRESS	2219 BROOKLINE RD		1.3 STREET ADD		- 1		
CITY-ST-ZIP	WILMINGTON DE	DELETE	1.4 CITY-ST-ZIP		-ZIP	☐ Change ☑ Addition	
TITLE	D	C) Dere ie	2.1 TITLE		ĺ	Karener Peter	
NAME	GISH, DENNIS		2.2 NAME			Kroener, Peter 186 Wood Ave. South	
STREET ADDRESS	21 ENSIGN LANE		2.3 STREET			750 WOOD 1107 . 2027	
CITY-ST-ZIP	MASSAPEQUA NY	E Postere	2.4 CITY-ST-ZIP		r-ZIP	Tsclin, UJ 08830	
TITLE	-PD:	DELETE	3.1 TITLE		:=:=:	audekie Arthur	
NAME	BLAKER, EILEEN	•	3.2 NAME		ļ	188 Wood Ave. South	
STREET ADDRESS	17 CHERRY TREE LANE					7-11 AT APP 20	
CITY-ST-ZIP	RIVERSIDE CT		-	ITY-S	r-ZIP	Tselin. 1.J. 08P30 Controller D'Addition	
TITLE	S	DELETE	4.1 TI	TLE	i		
NAME	JOHANSSON, GUNNAR.		4.2N	AME		Fariraro, Sherri	
STREET ADDRESS	51 W. MAIN ST.		4.3 S	TREET	ADDRESS	186 MOOD ME. 2041 K	
CITY-ST-ZIP	BROOKSIDE NJ			TY-ST		Iselin, NJ OFP30	
TILE	V	DELETE	5.1 ∏	-	1	S ☐ Change ☑ Addition	
NAME	ADELSON, W S		5.2 N			Teich, Jill Ave South	
STREET ADDRESS	39 ELSTON RD		1		ADDRESS	IFG WOOD NOT STATE	
CITY-ST-ZIP	MONTCLAIR NJ			TY-ST	-ZIP	Iselin, N.J. 08830 Sandi Rosenberg 186 Wood Ave. South	
TITLE		DELETE	6.1 TI			S Change Addition	
NAME			6.2 N		·	Kandu Mosenberg	
STREET ADDRESS			6.3 S	TREET	ADDRESS	186 Wood Ave. south	
CITY-ST-ZIP				TY-ST		Tsella N.O. OPP30	
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for t	he exe	mpti	on stated	I 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, with all other like empowered.

RESherritarion Controller 4/27/99