

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

97 JUN -2 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016474(7)
1. Corporation Name RROV/BOCA, INC.

Principal Place of Business Mailing Address
23188 OLD INLET BRIDGE DR. 23188 OLD INLET BRIDGE DR.
BOCA RATON, FL 33433 BOCA RATON, FL. 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 2/25/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0420381	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	RUCCO, ROBERT J	23188 OLD INLET BRIDGE DR. BOCA RATON, FL 33433	
D	RUCCO, DEBRA M	23188 OLD INLET BRIDGE DR. BOCA RATON, FL. 33433	

AR
6-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT J. RUCCO 23188 OLD INLET BR. DR. BOCA RATON, FL 33433		Name	
		Street Address (P.O. Box Number is Not Acceptable) 700002199177--6	
		Suite, Apt. #, Etc. 05/03/97-01023-007 ****173.75 ****173.75	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *AR* REGISTERED AGENT MUST SIGN Date 5-26-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *AR* ROBERT J. RUCCO 5/10/97 561-482-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

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NOTE: DATE OF LAST REPORT 4/96

THIS CORPORATION DID NOT RECEIVE A 1997 PROFIT CORPORATION ANNUAL REPORT FORM. THAT FORM WAS REQUESTED BY PHONE 4/1/97, 4/15/97 AND AGAIN 5/6/97. THIS FORM WAS RECEIVED ON 5/10/97. THEREFORE A PRE-MAY 1 1997 FEE IS TO BE PAID PER YOUR OFFICE "KAREN" 5/6/97

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 BOCA RATON, FL 33433 BOCA RATON, FL. 33433

FEE \$165.00
 CERT. \$ 8.75

RECEIVED DOCUMENT BACK 5
 24/97 - RESENT 2ND TIME 5/26/97

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2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
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City & State		City & State		5. FEI Number	
Zip		Country		65-0420381	
				Applied For	
				Not Applicable	
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D	RUCCO, DEBRA M	23188 OLD INLET BRIDGE DR.	BOCA RATON,	FL	33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT J. RUCCO
 23188 OLD INLET BR. DR.
 BOCA RATON, FL 33433

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

I am being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 5-26-97

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing a reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees levied by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* ROBERT J. RUCCO 5/10/97 561-482-3797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (12-96)