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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025207 (0)

BOCA GOLF VENTURE, INC.

FILED									
Mar 03 1997 8:00am									
Secretary of State									

Principal Place		Mailing Address	Mailing Address FRANKÉL, VICTOR						
4200 TRANQUILITY DR. HIGHLAND BEACH FL 33487 US		4200 TRANQUILITY DR.							
		US				3. Date Incorporated or Qualified 04/06/1993	1 =		
	lace of Business	2a. Mailing Address				4. FÉI Number 65-0403299		\longrightarrow	pplied For
Surte, Apt.	#, elc	Suite, Apt. #, etc.		•					ot Applicable Additional
22		27				Certificate of Status Desired			equired
City & State	9	City & State				6. Election Campaign Financing			May Be
23 Zip	Country	28 Zip	Cot	untry		Trust Fund Contribution 8. This corporation has liability for i			to Fees
24	25	29	h			Florida Statutes Yes No			
	9. Name and Address of Currer	nt Registered Agent		81	Nome	10. Name and Address of New Re	gistered A	gent	
	LIS, RICHARD K				Name				
	5 e sunrise blyd Te 320			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	AUDERDALE FL 33304			83					
				84	City			85 Zip	Code
	100 707 077	TOO TOO PLANT DO			-	propration submits this statement for the p	FL]] ,	
SIGNATUR	Signature by no or proved mand of registered ago	gent and title if applicable. (NO	OTE Flegistere	ed Age		altion's board of directors. I hereby acceptions when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 Ti		·····	ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12 Addition
NAME	FRANKEL, VICTOR	Bright States in	1.2 N				`	T) Alleria	
STREET ADDRESS	440 S FEDERAL HWY #201				ADDRESS				
CITY - S1 - 7IP	DEERFIELD BEACH FL 33441	A		ITY-S	T-ZIP				
TIBLE	0	☐ DELETE	2.1 1				Ļ	Change	Addition
NAMÉ PIWET ADDRESS	SOLIS, FRANCISO A 440 S FEDERAL HWY #201		2.2 N		*DDDece				
STREET ADDRESS CITY-ST-ZIP	DEERFIELD BEACH FL 33441	l		CITY-S	ADDRESS ST-7/P				
Till(f	Whill hav benefit a verr	DELETE	3.1 1)1. Tk			Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CHY-SI-7IP		DC) ETC		CITY-S	37 - Z IP	······································		Change	T Addition
TITLE NAME		L] DELETE	4.1] (4.2 k	ITLE Name				Change	Addition
SIREEL ADDRESS			4		ADDRESS				
CITY - ST - ZIP		e en		}TY-\$1					
THTLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 TI					Change	Addition
NAVE			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
City-St-ZiP		Dolott		CITY-SI	I - ZIP			OLANA	A ⊒disas
TIFLE		☐ DELETE	6.1 Ti			•	ι	Change	Addition
NAME COULT MODULES			6.2 N		*nonnee				
STREET ADDRESS				STREET STY-SI	ADDRESS	-			
14. I do heret	ov certify that the information supplie	ed with this filing does not qua	lify for the	exe	motion state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informatio Lam an of appears i	in indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if phanting g	supplemental amual report is ir the receiver or 1554 empo or un a attropositi viti as a	true and ered to	accu exec	irate and th ute this rep	ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same lega port as required by Chapter 607, Florida S	il effect as i itatutes; an	if made un d that my r	ider oath; that name

UMED