

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD

DOCUMENT # P93000028196(2)

1. Corporation Name

BOCA/FIDOREO LS, INC.

Principal Place of Business

Mailing Address

c/o First Fidelity Bancorporation
Dorothy A. Seery
550 Broad Street, B55015
Newark, NJ 07102

c/o First Fidelity Bancorporation
Dorothy A. Seery
550 Broad St. B55015
Newark, NJ 07102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/15/93

3a. Date of Last Report
1/31/94

4. FEI Number
58-2049818

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island Rd.
Plantation, FL 33324

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/AS
NAME Jerry, H. A.
STREET ADDRESS 550 Broad Street
CITY, ST, ZIP Newark, NJ 07102

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D/P
NAME Murphy, Francis X.
STREET ADDRESS 550 Broad St.
CITY, ST, ZIP Newark, NJ 07102

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D/VP
NAME Slater, Robert L.
STREET ADDRESS 570 Broad Street
CITY, ST, ZIP Newark, NJ 07102

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE T
NAME Conrad J. Isoldi
STREET ADDRESS 570 Broad Street
CITY, ST, ZIP Newark, NJ 07102

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE S
NAME Bicket, Patricia A.
STREET ADDRESS 550 Broad Street
CITY, ST, ZIP Newark, NJ 07102

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE C/O
NAME Paul J. Blass
STREET ADDRESS 123 So. Broad Street
CITY, ST, ZIP Philadelphia, PA 19109

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95

Date

Signature Number

F. X. MURPHY, PRES.