FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031934 (1)**

1. Corporation Name
BCT DELRAY, INC.

Principal Place of Business	Mailing Address
1395 SW 17TH AVE. DELRAY NORTH BUSINESS CENTER DELRAY BCH FL 33445 US	3000 N.E. 30TH PL 5TH FLOOR FT. LAUDERDALE FL 33306 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 65-0405321 ☐ 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

9. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
%OLLE, MACAULAY & ZORRILLA, P.A.
201 S. BISCAYNE BLVD., SUITE 1402
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 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: Donna V. Pagano Leo, VP, CFO & Treasurer — 4/27/95
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	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKERSON, WILLIAM A	1.2 NAME		
STREET ADDRESS	3000 N.E. 30TH PL., 5TH FLOOR	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	KIERNAN, RAYMOND J	2.2 NAME		
STREET ADDRESS	3000 N.E. 30TH PL., 5TH FLOOR	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, BILL	3.2 NAME		
STREET ADDRESS	3000 N.E. 30TH PL., 5TH FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	GAUGHN, PETER T	4.2 NAME	A. GEORGE CANJ	
STREET ADDRESS	3000 NE 30TH PL, 5TH FLOOR	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	VT	5.1 TITLE	CHIEF FINANCIAL OFFICER, TREASURER	☒ Change ☐ Addition
NAME	PAGANO-LEO, DONNA M	5.2 NAME		
STREET ADDRESS	3000 NE 30TH PL, 5TH FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Donna V. Pagano Leo VP CFO & Treasurer 4/27/95 (305) 373-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

081910 CP