

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000031934 (1)**

1. Corporation Name

**BCT DELRAY, INC.**



Principal Place of Business

**1395 SW 17TH AVE  
DELRAY NORTH BUSINESS CENTER  
DELRAY BCH FL 33445  
US**

Mailing Address

**3000 N.E. 30TH PL.  
5TH FLOOR  
FT. LAUDERDALE FL 33306  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**04/30/1993**

3a. Date of Last Report

**05/01/1995**

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

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 or director, if applicable

Signature, typed or printed name of registered agent or director, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WILKERSON, WILLIAM A**  
STREET ADDRESS **3000 N.E. 30TH PL., 5TH FLOOR**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ DELETE

NAME **D KIERNAN, RAYMOND J**  
STREET ADDRESS **3000 N.E. 30TH PL., 5TH FLOOR**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ DELETE

NAME **D LEVINE, BILL**  
STREET ADDRESS **3000 N.E. 30TH PL., 5TH FLOOR**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ DELETE

NAME **P CANN, A G**  
STREET ADDRESS **3000 NE 30TH PL, 5TH FLOOR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **CFOT PAGANO-LEO, DONNA M**  
STREET ADDRESS **3000 NE 30TH PL, 5TH FLOOR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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

**DONNA PAGANO-LEO**

**JPO CFO**

**4/11/95**

Date

Signature Stamp #

CR2E034 (12/95)