

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

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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90138 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031934

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/30/1993 4. FEI Number 65-0405321 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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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
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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 NAME STREET ADDRESS CITY-ST-ZIP D WILKERSON, WILLIAM A 3000 N.E. 30TH PL., 5TH FLOOR FT. LAUDERDALE FL 33306 X D KIERNAN, RAYMOND J 3000 N.E. 30TH PL., 5TH FLOOR FT. LAUDERDALE FL 33306 D LEVINE, BILL 3000 N.E. 30TH PL., 5TH FLOOR FT. LAUDERDALE FL 33306 P KAUFENBERG, JAMES 3000 NE 30TH PL, 5TH FLOOR FT LAUDERDALE FL CFOT HULL, MICHAEL 3000 NE 30TH PL, 5TH FLOOR FT LAUDERDALE FL	1.1 TITLE 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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

(954) 563-1224

Daytime Phone #

CR2E034 (11/98)