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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P93000051485 (9)

**BOCA SUNSHINE ASSOCIATES, INC.** 

	7,0000,000	o, mo							
Principal Place	e of Business	Mailing Address	Mailing Address			- 1 100 100 0 100 TO 100 101 10 101 10 101 10 10 10 10 10 10			JOON FOLGE DIEL FORL
23223 SW 6 BOCA RATO		23223 SW 61ST AVE. BOCA RATON FL 33428							
						3. Date Incorporated or Qualified 07/19/1993	3a. Date 0	e of Last 3/27/1	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				65-0424871			Not Applicable
22		27 Stille, Apr. #, etc.	<b>├</b> ── ' ' ' '			5. Certificate of Status Desired			75 Additional e Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
Zip	Country	Zip	Country		****	Trust Fund Contribution			ded to Fees
24	25	29 30				8. This corporation has liability for Flonda Statutes Yes	iritang∙bia ta ∐No	ax under	s 199.032,
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F		Agent	
			81	N	ame				
	ra, narmada		82	St	troot Address	ss (P.O. Box Number is Not Acceptat	lo\		
	W 61ST AVE.		02	31	HEEL ALKINES	ss (i .o. box nomber is not Acceptate	ile)		
BOCA R	ATON FL 33428		83						
			84	C,	•		FL		Zip Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above n	ame	ed corporat	tion submits this statement for the pur of directors. Thereby accept the app	nose of cha	anging its	s registered office
familiar wil	eo agent, or both, in the State of I In, and accept the obligations of, !	rforida. Such change was authorize Section 607.0505, Florida Statutes.	ed by the corpo	orati	ion's board	of directors. Thereby accept the app-	pintment as	registere	ed agent. I am
SIGNATURE	-								
	Signature, typed or printed name of registered		TE: Registered Agend	t Biger	atore progress v	Michigan (State of State of St	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE					Change	Addition
NAME	HIRAPARA, NARMADA		12 NAME						
STREET ADDRESS	23223 SW 61ST AVE.		1.3 STREET	ADDA	RESS				
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CHY-ST	- ZIP					
TITLE		☐ DELETE	2 1 TITLE				Ĺ	] Change	Addition
NAME CIRCLIADORES			2 2 NAME		i				
STREET ADDRESS			23 STREET A	ADDR	RESS				
CITY - ST - ZIP TITLE		ET) DELETE	24 CHTY - ST	ZIP					
NAME		DELETE	3 × TITLE					] Change	Addition
STREET ADDRESS			3.2 NAME						
			3 3 STREET						
TITLE		— □ DELETE	3 4 CiTy - ST	ZIF					
NAME		ветеле	4. 1 TITLE		1		L.	Change	Addition
STREET ADDRESS			4.2 NAME						
CITY-ST-ZIP			43 STHEFT A		E55				
TITLE		T DELETE	4.4 C/TY - ST 5 1 TITLE	· ZiP		* · · · · · · · · · · · · · · · · · · ·		T Chance	Addition
NAME		L.J	5 2 NAME				L.	_] Change	☐ Addition
STREET ADDRESS			5 3 STREET A	unere.	ree				
CHTY-S1-ZIP			5.4 CITY-ST						
TITLE		DELETE	6 1 TITLE	ZIF				] Change	Addition
NAME		_ (	62 NAME				_	j ona iga	L) Addition
STREET ADDRESS			6.3 STREET A	DDRE	ESS				J
CITY-ST-ZIP			6.4 CHY-SI-	- 71P	1				
14. I do hereby	certify that the information supplied	ed with this filing is voluntarily furnis	had and done	not	gualify for i	Ine exemption stated in Section 119.0	7(3)(k), Flor	ida Stati	utes. I further
oath; that I	am an officer or director of the co	riporation or the receiver or trustee.	emport is true empowered to			and that my signature shall have the seport as required by Chapter 607, Flo			
appears in	DOOK 12 OF DOOK 10 IT CHANGED,	or on an attachment with an adore	SS.	2000		•			
SIGNATI	Normada.	SC LIKELINGH KIL	Slaene			3/21/96	(407)	48:	3-8009
CIGINAT		OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			7/21/10 Date 110	. Da	time Étroni	- 500