

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90052 029 ***150.00

DOCUMENT # P94000033954 *OK*
1. Corporation Name

BOCA INTERNATIONAL RESORT MANAGEMENT, INC.

Principal Place of Business
873 WEST BAY DR.
SUITE 209
LARGO, FL 33770
US

Mailing Address
873 WEST BAY DR.
SUITE 209
LARGO, FL 33770
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/1/1994

4. FEI Number
57-0999629

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

FLETCHER, BABETTE L.
50 NORTH LAURA ST.
SUITE 3100 - BARNETT CENTER
JACKSONVILLE, FL 32202

10. Name and Address of New Registered Agent

81 Name
CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

83

84 City
TALLAHASSEE FL 85 Zip Code
32301

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 *Marcus A. Fields*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DCC ☒ DELETE
NAME FIELDS, MARCUS, A.
STREET ADDRESS 662 HOLLOWAY ST
CITY-ST-ZIP POMARIA, SC

TITLE AS ☒ DELETE
NAME FLETCHER, BABETTE L.
STREET ADDRESS 50 N. LAURA ST. SUITE 3100
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCC ☒ Change ☐ Addition
1.2 NAME FIELDS, MARCUS A.
1.3 STREET ADDRESS 873 WEST BAY DR., SUITE 209
1.4 CITY-ST-ZIP LARGO, FL 33770

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME WILLIAM F. DEFOREST
2.3 STREET ADDRESS 873 WEST BAY DRIVE, SUITE 209
2.4 CITY-ST-ZIP LARGO, FL 33770

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: *Marcus A. Fields* Marcus A. Fields, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

800-237-8947

1 Daytime Phone #

CR2E034 (11/98)