SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400039518 (3)

BOCA LATHING, INC.

STREET ADDRESS

Principal Place of Business Mailing Address								98111 ABERR 111	10 10101 01101 1	884 1811 1881
			7 PINEHURST LANE							
BOCA RATON FL 33431 BOCA (US US			BOCA RATON FL 3343 IS	A HATON FL 33431			DO NOT WRITE IN THIS SPACE			
•		·					3. Date Incorporated or Qualified	3a. Da	ite of Last R	eport
							05/20/1994	03	3/28/1996	
	Place of Business	28.	2a. Mailing Address			4. FEI Number			plied For	
21			26			65-0493785			t Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State			City & State			A Starker Committee Standard		Fee Re		
23			28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country		Zip	Cot	untry		8. This corporation owes or has p			
24	25	29	,	30	,		Personal Property Tax due Jun	_] No
	9. Name and Addres	s of Current Regis	tered Agent				10. Name and Address of New R	egistered .	Agent	
- MI	JLLIN, JAMES G				81 N	ame				
2263 N.W. BOCA RATON BLVD.			82			treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
SUITE 205										
80	DCA RATON FL 33431				83					
					84 C	ity			85 Zip (Code
					<u> </u>			FL		
office or	to the provisions of Section registered agent, or both,	in the State of Florid	u7.1508, Florida Stati da. Such change was	utes, the a authorize	bove-naid by the	amea corp e corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of ept the app	changing it ointment as	s registered registered
agent. I a	ım familiar with, and acce	ot the obligations of	f, Section 607.0505, F	Florida Sta	tutes.					_
SIGNATURE	Signature, typed or printed name of	f registered agent and title	Farusicable (NC	III : Broistare	nd Anant ei	analura facuira	od when reinstaling)	DATE		
12.		ICERS AND DIREC		13.		grandre redon	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 7	ITLE				Change	Addition
NAME	HILL, KELLY P			1.2 N	AME					
STREET ADDRESS	27 PINEHURST LN			1.3 S	TREET ADD	RESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 0	11Y-ST-ZII	Р				
TITLE	D		☐ DELET E	2.1 T	ΠL E				Change	Addition
NAME	HILL, SHANNON			2.2 N	AME					
STREET ADDRESS	27 PINE HURST LA	1		1	TREET ADD					
CITY-ST-ZIP	BOCA RATON FL		T prieze		2.4 CITY-ST-ZIP					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE			☐ DELETE	3.1 T					Change	☐ Addition
NAME				3.2 N						
STREET ADDRESS					TREET ADD					,
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		P			Change	Addition
									C change	C rogition
NAME CTREET ADDRESS				4.21		DECC				
STREET ADDRESS CITY-ST-ZIP					TREET ADD					
TITLE	DELETE		4.4 U	ITY - ST - ZII ITI F	'			Change	Addition	
NAME				5.2 N						
STREET ADDRESS				1	treet add	DECC				
CITY-ST-ZIP										
TITLE			DELETE	6.1 T	ITY-ST-ZII ITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2 N						

6.3 STREET ADDRESS

14. I do 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.