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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	F CORPORATIONS		
1. Corporation	ii Name	00042286 (2	2)		
BOCA	CONSTRUCTION INC.			   400  400  410  410  410  410  410  410	######################################
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
3096 BANIAN		· ·			
BOCA RATO		3096 BANIAN RD. BOCA RATON FL 334	132		
··				3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 05/01/1995
2. Principal Plant	ace of Business	2a. Mailing Address		4. FEI Number 65-0.5	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		APPLIED FOR	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Bo
Zip	Country			Trust Fund Contribution	Added to Fees
4	25	29	Country 30	8. This corporation has liability for in	ntangible tax under s 199.032,
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name		
	S, GILLES		82 Street Ac	Idress (P.O. Box Number is Not Acceptab	le)
	INIAN RD. IATON FL 33432		83		
DOUA R	1410N FL 33432		63		
			84 City		E1 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named cons	poration submits this statement for the pur	DOSE of changing its registered office
	ed agent, or both, in the State of Floi th, and accept the obligations of, Sec			poration submits this statement for the pur pard of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE _					
12.	Signature, typed or printed name of registered age OFFICERS As	nt and title Lapphicable (N ND DIRECTORS	OTE: Registered Agent signature requirements		DATE
TITLE	P	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	
NAME	GILLES, GELINAS	-	1.2 NAME		Change Addition
Street address	3096 BANIAN RD.		1.3 STREET ADDRESS		
CITY-ST-Z-P	BOCA RATON FL 33432		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2 2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2.4 CHY-ST-7IP 3.1 TITLE		Change Addition
NAME		_	3.2 NAME		change Audition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TOLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS		
TILE		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
IAME		<b>-</b>	5.2 NAME		C ousuide C vocition
TREE! ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TILE		DELETE	6 1 TITLE		Change Addition
TOSCI ADDRICO			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP		********	6.3 STREET ADDRESS		
4. I do hereby	certify that the information suchlice	with this filmo is voluntarily form	■ 64 City-S1-ZiP hished and does not qualify	for the exemption stated in Section 119.0	17/3VM Florida Ptakitas III ili
				rate and that my signature shall have the shis report as required by Chapter 607, Flo	

SIGNATURE: X SIGNATURE

ME OF SONING OFFICER OR DIRECTOR