

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 25 AM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000054299 (0)

1. Corporation Name

BOCAIRE REALTY, INC.

Principal Place of Business

**1361 SW 21 ST
BOCA RATON FL 33486**

Mailing Address

**1361 SW 21 ST
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 111 2nd Ave. N.E.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 911

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL FL

City & State

20 St. Petersburg, FL FL

Zip Country

24 33701

Zip Country

25 33701

9. Name and Address of Current Registered Agent

**COFFIN, M. ALLEN
1361 SW 21 ST
BOCA RATON FL 33486**

4. FEI Number

Applied For

xx 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**

6. This corporation has liability for intangible tax under S. 119.032,
Florida Statutes

☐ Yes

☒ No

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	COFFIN, M. ALLEN
STREET ADDRESS	1361 SW 21 ST
CITY - ST - ZIP	BOCA RATON FL 33486
TITLE	STD
NAME	COFFIN, JUDITH F
STREET ADDRESS	1361 SW 21 ST
CITY - ST - ZIP	BOCA RATON FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

576129

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

M. Allen Coffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. ALLEN COFFIN

5-19-95

Date

407-447-3100

Telephone