

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

2000-1 JUN 27

FLORIDA DEPARTMENT OF STATE
TALENT, FLORIDA

DOCUMENT # P94000057942 (2)

BOCA TEMP CENTER, INC.

4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431

2. Principal Office Address		28. Mailing Address		3. Date Incorporated / Amended		38. Date of Last Report	
21. State Address		26. State Address		4. FE Number 65-0515756		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Other State		28. Other State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Other State		29. Other State		7. This corporation has adopted the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA)		Yes ☒ No ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE FL 33311				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 Section 218.01(1), (2), and (3), 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 provisions of the Uniform Gifts to Minors Act (UGMA) and the Uniform Transfers to Minors Act (UTMA).

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME: D LORETTA LAGUMINA, LORETTA STREET ADDRESS: 4400 N FEDERAL HWY SUITE 210 CITY AND STATE: BOCA RATON FL 33431		1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY AND STATE: _____	
		4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY AND STATE: _____	
		7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY AND STATE: _____	
		10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY AND STATE: _____	
		13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY AND STATE: _____	
		16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY AND STATE: _____	
		19. NAME: _____ 20. STREET ADDRESS: _____ 21. CITY AND STATE: _____	
		22. NAME: _____ 23. STREET ADDRESS: _____ 24. CITY AND STATE: _____	
		25. NAME: _____ 26. STREET ADDRESS: _____ 27. CITY AND STATE: _____	
		28. NAME: _____ 29. STREET ADDRESS: _____ 30. CITY AND STATE: _____	

14. I hereby certify that the foregoing statement was prepared by me or by a duly authorized officer or director of the corporation and that the information contained therein is true and correct. I am not aware of any information that would cause me to believe that the information contained in the foregoing statement is false or misleading. I am not aware of any information that would cause me to believe that the information contained in the foregoing statement is false or misleading. I am not aware of any information that would cause me to believe that the information contained in the foregoing statement is false or misleading.

SIGNATURE: *Loretta L. Lagumina* 4/5/95 407-394-6314