FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000079627 (3)**

1. Corporation Name
KIWI'S OF BOCA, INC.

Principal Place of Business
796 CAMINO LAKES CIRCLE
BOCA RATON FL 33486

Mailing Address
335 PLAZA REAL
BOCA RATON FL 33432

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report: **10/09/1995**

2. Principal Place of Business
21 335 PLAZA REAL
Suite Apt. #, etc.
22 BOCA RATON, FL
City & State
23
Zip 24 33432 Country 25

2a. Mailing Address
26 796 CAMINO LAKES CIR
Suite Apt. #, etc.
27 BOCA RATON, FL.
City & State
28
Zip 29 33486 Country 30

4. FEI Number: 65-0534012 65-0534012 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCVAY, RICHARD F
720 S.E. SIXTH STREET
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: MCVAY, RICHARD F.
82 Street Address (P.O. Box Number is Not Acceptable): 796 CAMINO LAKES CIR.
83
84 City: BOCA RATON FL 85 Zip Code: 33486

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] - RICHARD F. MCVAY 4/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCVAY, RICHARD F		12 NAME	
STREET ADDRESS	796 CAMINO LAKES CIRCLE		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCVAY, CATHERINE		22 NAME	
STREET ADDRESS	796 CAMINO LAKES CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BROGAN, SCOTT		32 NAME	
STREET ADDRESS	4606 TRAILS DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BROGAN, MADELINE		42 NAME	
STREET ADDRESS	4606 TRAILS DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of 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 business agent 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 added above.

SIGNATURE: [signature] RICHARD F. MCVAY 4/10/96 407 392-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)