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PROFIT CORPORATION ANNUAL REPORT 1997

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

CR2E034 (9/96)

DOCUMENT # P95000015975 (2)

1. Corporation Name
BOCA COAST, INC.

Principal Place of Business
2562 N.W. 63RD LANE
BOCA RATON FL 33496

Mailing Address
2562 N.W. 63RD LANE
BOCA RATON FL 33496-2006

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report: 04/04/1996
4. FEI Number: 65-0559837 [ ] 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

2. Principal Place of Business
21 8136 PALM HAMMOCK
Suite, Apt. #, etc.
22 ~~HOBE SOUND~~
City & State
23 HOBE SOUND FL.
Zip
24 33455
Country
25 USA

2a. Mailing Address
26 8136 PALM HAMMOCK LN
Suite, Apt. #, etc.
27
City & State
28 HOBE SOUND FL
Zip
29 33455
Country
30 USA

9. Name and Address of Current Registered Agent
ZISBLATT, JACK
2562 N.W. 63RD LANE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name: R. PECORARO
82 Street Address (P.O. Box Number is Not Acceptable): 8136 SE PALM HAMMOCK LN
83
84 City: HOBE SOUND FL 85 Zip Code: 33455

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: Ralph Pecoraro — Signature, typed or printed name of registered agent and title if applicable
DATE: 3/10/97 — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ZISBLATT, JACK K	
STREET ADDRESS	2562 N.W. 63RD LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VSTD	[ ] DELETE
NAME	PECORARO, RALPH	
STREET ADDRESS	8136 SE PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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.

SIGNATURE: [signature] 3/10/97 [illegible] 781-4835