## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017984 (2)

BOCA AUTOMATION, INC.

5 CORPORATION						
Principal Piace		Malling Address		t in thinks are think praise all and an area.	#### ##### ###########################	
2900 SW 22ND DELRAY BEAC		2900 SW 22ND CIR. 22-1 DELRAY BEACH FL 3344				
				<ol> <li>Date Incorporated or Qualifie 03/01/1995</li> </ol>	d 3a, Date of Last Report 05/01/1996	
	lace of Business	2e. Mailing Address		4. FEI Number	Applied For	
1 12	Above	26 AS ABOV	<u> </u>	65-0561848	Not Applicab	
Suite, Apt	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country SEM	Zip	Country 30 PACAL GEA	This corporation has liability f     Florida Statutes	or intangible tax under s. 199.032,	
'L	g. Name and Address of Curr	- Iro	130 7	10. Name and Address of New		
SN	YDER, STUART D		81 Name			
* 2900 SW 22ND CIR, 22-A2 DELRAY BEACH FL 33445			82 Street Add	ress (P.O. Box Number is Not Accep	table)	
, DEI	LINT DENOTITE 00773		83			
•			84 City	The publication of the second	FL 85 Zip Code	
• Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	ites, the above-named cor	poration submits this statement for th		
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpora	poration submits this statement for th tion's board of directors. I hereby ac	cept the appointment as registered	
	Fruit IV.	Augh	TOTAL STATES		4/29/97	
SIGNATURE	Signature: Typed or printed name of registered	agent approlifie d'appricable. (NC	TE: Registered Agent signature requ	irad when reinstating)	DATE	
2.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TLE	P ANNOFO ATLANTA	☐ DELETE	1.1 TITLE		Change Additi	
AME	SNYDER, STUART D. 2900 SW 22ND CIR #22-A2	<b>)</b>	1.2 NAME			
IREET ADDRESS	DELRAY BEACH FL	•	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TLE	DELINI DENOTITE	DELETE	2.1 TITLE		Change Additi	
AME		<del></del>	2.2 NAME			
TREET ADDRESS			2.3 STREET ADDRESS			
(TY-SI-ZiP			2.4 CITY-\$1-ZIP			
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AME			3.2 NAME			
TREET ADDRESS	<u> </u>		3.3 STREET ADDRESS			
114 - ST - ZIP		T Driver	3.4. CITY-ST-ZIP	<u></u>	☐ Change ☐ Additi	
TOLE		☐ DELETE	4.1 TITLE		□ Orange □ Adott	
JAME			4 2 NAME 4.3 Street Address		•	
TREET ADDRESS			4.4 CITY - ST - ZIP	1	$\sim$ $\sim$	
CITY - S1 - ZIP		DELETE	5.1 TITLE	1/1/	Change Additi	
AME		<del></del>	5.2 NAME	V.	\(\(\frac{1}{2}\)	
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City - St - ZiP			5.4 CITY - ST - ZIP	<b>'</b>	<u> </u>	
MLE		DELETE	6.1 TITLE	1000021 -05/29/9701	Change Additi	
NAME			6.2 NAME	1000021 -05/20/07: 03	コサンコ1 (070022	

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 it changed, or on an attachment with an address.

4/29/97 (561) 171-9838

\*\*\*165.00

FILED

May 15 1997 8:00am

Secretary of State