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

PROFIT
CORPORATION
ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000036995	(5)
1. Corporation Name		•

BOCA C	CONSULTING, INC.				
Principal Place of	of Business	Mailing Address			T 10011001 510-18-101 01411 00115 00111 00111 001110 011110 01110 10110 10110 01110 01110 1011
10542 STONES BOCA RATON		10542 STONEBRIDGE 6 BOCA RATON FL 3349			
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1995
2. Principal Plan	ce of Business	2a. Malling Address	ła. Malling Address		4. FEI Number Applied For
21		26			65-0584351 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30		Florida Statutes Yes VNo
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
2101 CO BOCA RA	itz, howard l Rporate Boulevard, n.w. s Aton FL 33431			84 Cty	a Raton FL 85 Zip Code 33498
or ragietara	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and adcept the obligations of Soci	da. Such change was aumon.	zea ov me i	ove-named corpora corporation's board	ation submits this statement for the purpose of changing its registered off d of directors. I hereby accept the appointment as registered agent. I am
SIGNATORE _	Signatur Asped or printed unic of registered agen			Agent signature required	d when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		D DIRECTORS DELETE	13.		Change Addition
THILE	D LLI DECOG HADDA		1.2 N		
NAME STREET ADDRESS	FELDBERG, HARRY 10542 STONEBRIDGE BLVD.			TREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498		. It	ITY - \$1 - ZIP	
TITLE	DOOK IS TO VICE GO TO	DELETE.	2 1		Change Addition
NAME			221	AME	
STREET ADDRESS			235	TREET ADDRESS	
CITY-ST-ZIP		, y	240	11Y-ST-ZIP	Pm Luke
TITLE		DELETE	3 1		Change Addition
NAME			3.2 N		
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.1	CITY-SI-ZIP	☐ Change ☐ Additio
TITLE				IAME	
NAME STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY - ST - ZIP	
TITLE		DELETE		TITLE	Change Additio
NAME			5.2	NAME	
STREET ADORESS			5.3	STREET ADDRESS	
CITY-ST-ZIP			54	CITY - ST - ZIP	
TITLE		☐ DELETE	6 1	TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP		1 10 ACC 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6.4	CITY-ST-ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that		hual report or supplemental an soration or the receiver or trus	nnuai report tee emnow		of the exemption stated in Section 19.07(5)(x), nordal stateds in Section 19.07(5)(x), nordal stated in Sect

Daytin e Phone #

Date