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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000039025 (8)

1. Corporation Name

BOCA VENTURES, INC.



Principal Place of Business

Mailing Address

601 S LAKE DESTINY RD  
SUITE 200  
MAITLAND FL 32751

601 S LAKE DESTINY RD  
SUITE 200  
MAITLAND FL 32751-7262

3. Date incorporated or Qualified

05/11/1995

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATICH, PHILIP  
601 S LAKE DESTINY RD  
SUITE 200  
MAITLAND FL 32751

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 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME NEUBAUER, CHARLES L  
STREET ADDRESS 45 ALMENDRAL AVENUE  
CITY-ST-ZIP ATHONTON CA 94025

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME TATICH, PHILIP  
STREET ADDRESS 901 GOLFVIEW TERRACE  
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME NEUBAUER, DAVID M  
STREET ADDRESS 57 N GATE  
CITY-ST-ZIP ATHONTON CA 94027

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Charles L. Neubauer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

415-365-0969

Date

Daytime Phone #

CR2E034 (9/96)