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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000056021 (5)

BOCA, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			. 3 (ODITER) 114 INERT WITH ORITH SOLIT BOTH BOIN BOIN BOINE NEWS 1584			
1911 N.W. 1	STH STREET	1911 N.W. 15TH STREET	Г					
POMPANO BEACH FL 33069		POMPANO BEACH FL 33	3069		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					07/18/1995			
2. Principal Pl	2a. Mailing Address	•		4. FEI Number	A	pplied For		
21 20		26 C/O STEVEN (65-0662303	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
27 VOTH FLE			ONE CLEVELAND		CENTER		equired	
City & State	•	City & State CLEVELAND	O#	· · · · ·	6. Election Campaign Financing Trust Fund Contribution		May Be	
23 Zin	Zip Country Zip		Country				to Fees	
24				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
א	W or kin, Sidney	· · · · · · · · · · · · · · · · · · ·						
/9// 4744-N.W. 15TH STREET POMPANO BEACH FL 33069				Street Addr	Address (P.O. Box Number is Not Acceptable)			
				Sheet WOOT	635 (i). DOX Mulliper is NOt Acceptable)]	
•	Auditato prison i c sosso		83	i				
			84	Cit		las Zio	Code	
			04	City	FI	_ 85 Zip	Code	
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 Statules.								
SIGNATURE Signature: Typicit or printed carno of ingesticied agent and the interplacable (NOTE Bo			Registered Ag	iont signature requir	ed when reinstaling) DATE			
12,			13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	_		1.1 TITLE			Change	☐ Addition	
NAME WASSERMAN, STEVEN			1.2 NAME					
STREET ADDRESS 20TH FLOOR, ONE CLEVELAND CENTER			1.3 STREET ADDRESS				İ	
CITY-ST-ZIP	CLEVELAND OH 44114		1.4 CITY-ST-ZIP			1 101	7.2000	
TITLE		DELETE	2.1 TIFLE			L Change	Addition	
NAME			22 NAME					
STREET ADDRESS			2.3 STREET ADDRESS				1	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		Change	Addition	
TITLE			3 1 TITLE				L Accilion	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	31-419		Change	Addition	
NAME			4.2 NAME			2		
STREET ADDRESS				T ADDRESS			ļ	
CITY-ST-ZIP			4.4 City-:]	
TITLE			5.1 TITLE	J. L.		Change	Addition	
NAME		-	5.2 NAME			-: -		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	1				
TITLE		DELETE 6.1 TI			, 4;	Change	Addition	
NAME		j	6.2 NAME					
STREET ADDRESS	^	/	1	T ADDRESS			į	
CITY-ST-ZIP		_ /	64 CITY-	ļ.				
14 I hereby c	ertify that the information supplyed	d with this viling does not qualify for	the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	information	
indicated on this annual report or supplymental 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 of the repeiver of trustic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
Block 12 d	or Block 13 if changed, or in an a	itachmentwith an address.						