

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061905 (2)

1. Corporation Name

BOCA HATS, INC.

2. Principal Office

1000 HOLLAND DRIVE STE 8
BOCA RATON FL 33487

3. Mailing Address

1000 HOLLAND DRIVE STE 8
BOCA RATON FL 33487



4. Principal Office

21. State Address

22. City/County

23. Zip

24. Country

2a. Mailing Address

26. State/Zip/City

27. City/County

28. Zip

29. Country

9. Name and Address of Current Registered Agent

MAGNUSON, KRISTINE A ESQ.
2000 GLADES ROAD STE 208
BOCA RATON FL 33431

81. Name

ROBERT F. KENNY

82. Street Address (P.O. Box Number is Not Acceptable)

1000-8 HOLLAND DRIVE

83. City

BOCA RATON

84. State

FL

85. Zip Code
33487

3. Date of Incorporation or Qualification

08/10/1995

3a. Date of Last Report

4. FE Number

☒ 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. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. I, the undersigned, president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address shown below 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 a resident of the State of Florida and am qualified to receive service of process in the State of Florida.

12. Signature

D
KENNY, ROBERT F
C/O 1000 HOLLAND DRIVE STE 8
BOCA RATON FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

14. I, the undersigned, certify that the information given in this filing is true and correct, and that I am qualified to receive service of process in the State of Florida. I further certify that the information given in this filing is true and correct, and that I am qualified to receive service of process in the State of Florida. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and am qualified to receive service of process in the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. KENNY

1/18/96

407 994-3001

CR2E034 (12/95)