

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000065130 (3)

1. Corporation Name

RASCALS OF BOCA, INC.,



Principal Place of Business

Mailing Address

8000 W. GLADES ROAD  
SPACE 1011  
BOCA RATON FL 33486

8000 W. GLADES ROAD  
SPACE 1011  
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ROCCA, RONALD  
8000 W. GLADES ROAD  
SPACE 1011  
BOCA RATON FL 33486

3. Date Incorporated or Qualified  
08/23/1995

3a. Date of Last Report

11/1

4. FEI Number

65-0616511

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. 199.032,  
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

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 type the personal name of the registered agent (do not type initials)

(If the Registered Agent signature is required when filing this report)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
DONALDSON, ANNETTE  
8000 W. GLADES RD.  
BOCA RATON FL 33486

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
ROCCA, RONALD  
8000 W. GLADES RD.  
BOCA RATON FL 33486

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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18 TITLE NAME STREET ADDRESS CITY-ST-ZIP

19 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Annette Donaldson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE DONALDSON

6/24/96

407/338/9797

CR2E034 (3/96)