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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073528 (8)

BOCA HANDWRITING EXPERTS, INC.

Principal Plac	ALMETTO PARK RD.	Mailing Address 7040 WEST PALMETTO PARI SUITE 2-505 80CA RATON FL 33433-9407	-		
				 Date Incorporated or Qualified 09/22/1995 	3e. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a, Mailing Address		4, FEI Number 65-0621547	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee Required
23 Oily & State		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Z _i p	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 g. Name and Address of Curre	29 3 ent Registered Agent	n	Florida Statutes 10. Name and Address of New Reg	
-JOI	INSON, DALLAS G		81 Name		
22473 ENSENADA WAY			82 Street Addre	ess (P.O. Box Number is Not Acceptab	٨١
	CA RATON FL 33433		Street Addre	SSS (F.O. DOX MUITIDE) IS NOT ACCEPTAD	4 /
			83		
			84 City		85 Zip Code
4 Duraunat	to the provisions of Sections 607 Of	02 and 607 1609 Florida Statutes	the above named corns	reation submits this statement for the p	FL ss zip coos
office or r	registered agent, or both, in the Station familiar with, and accept the obli	te of Florida. Such change was aut	horized by the corporation	oration submits this statement for the pron's board of directors. I hereby accep	t the appointment as registered
signature			<u></u>		4/05/2
SIGNATURE	Significate, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registerad Agent signature require	d when reinstating)	DATE
12.	· · · <u>· · · · · · · · · · · · · · · · </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	**************************************
TITLE	D Johnson, Dallas G	☐ DELETE	1.1 TITLE		Change Addition
NAME CAUSET ADDOGGE	22473 ENSENADA WAY		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS CITY+ST+ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SANDRA	_ :	2.2 NAME		
STREET ADDRESS	22473 ENSENADA WAY		2.3 STREET ADDRESS		_ #
CITY-SI-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STHEFT ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7IP)		■		3
TITLE			3.4. CITY+ST-ZIP		
NAME		DELETE	4.1 TITLE		Change Addition
		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			4.1 YITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADORESS CITY-ST-7IP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	n7	Change Addition
STREET ADORESS CITY-ST-7/P TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	e T	
STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	97	
STREET ADORESS CITY-ST-7/P TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	01 5-	Change Addition
STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP	9(1 5- 70000218	Change Addition
STREET ADDRESS CITY-SI-ZIP T-TLE NAME STREET ADDRESS CITY-SI-ZIP TIFLE		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	70000218 -05/16/970101 ***165.00	Change Addition

***165.00

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). Frorida 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 13 if changed, or on an attachment with an address.

SIGNATURE: DECEMBER AND THE OF PRINTED HAME OF SKINING OFFICER OR DIRECTOR

4/25/97 757-7686 Vote Dayrine Phone 9

FILED

May 07 1997 8:00am

Secretary of State