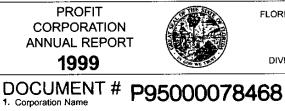
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BOCA WEST CORF INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90171 019 ***150.00



Principal Place of Business Mailing Address						- 1 (MB)(MB) tiff iffet dicit abite gabit abite abite	1 18 8 8 1 1 8 1 M B 1 B 1 B 1	4 8(18) 1811 1881
19635 STATE RD #7 SUITE 39 BOCA RATON FL 33498		19635 STATE RD #7 SUITE 39 BOCA RATON FL 33498			DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed			
						10/12/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21	·	26				65-0669131		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip Co		intry		8. This corporation owes the current year l	ntangible	_	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	J Agent	
				81	Name			
WEIN 35 S				Street Addr	tress (P.O. Box Number is Not Acceptable)			
	AL SPRINGS FL 33071			83				
				84	City	F	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authonzeo	עט נ	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	at and title if controlle	S. Decistorer	(Anon	of signature require	d when reinstating) DATE		
12.		ID DIRECTORS	13.	, Agon	it signibiliza roquis	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P	DELETE	DELETE 1.1 TIT				Change	☐ Addition
NAME	WEINSTEIN, MELODIE		AME					
STREET ADDRESS 35 S.W. 111TH LANE					ADDRESS			-
-	CORAL SPRINGS FL 33071	1.4 Cf						
CITY-ST-ZIP TITLE	CONAL SPRINGS TE 33071	☐ DELETE	2.1 TI		1-21		Change	Addition
NAME		_	2.2 N					
					ADDRESS			
STREET ADDRESS			2.4 CITY-S					1
CITY-ST-ZIP		☐ DELETE				The second secon	Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS					TADDRESS			1
CITY-ST-ZIP			- 1		iT-ZIP			i
TITLE		☐ DELETE	4,1 TI				Change	Addition
NAME			4. 2 N	AME				į
STREET ADDRESS			4.3 S	TREET	ADDRESS			}
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 Ti				☐ Change	Addition
NAME			5.2 N	AME				ŀ
STREET ADDRESS			5.3 S	TREET	TADDRESS			1
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 T	TLE			☐ Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	T ADDRESS			
J								

14. I 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, with all other like empowered.

SIGNATURE: