

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000081823 (3)**

1. Corporation Name
INFO BOCA, INC.



Principal Place of Business 501 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334	Mailing Address 501 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334-2151
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3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0452826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent TSARNAS, ROBERT 501 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D MILLER, ROGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	501 E. OAKLAND PARK BLVD.	1.3 STREET ADDRESS	
	FORT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D TSARNAS, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	501 E. OAKLAND PARK BLVD.	2.2 NAME	
	FORT LAUDERDALE FL 33334	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	D NIARCHOS, GEORGE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	501 E. OAKLAND PARK BLVD.	3.1 TITLE	
	FORT LAUDERDALE FL 33334	3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	

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), 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 as an attachment with an address.

SIGNATURE: _____ Date: **2/14/97** Daytime Phone #: **954 763-6363**

CR2E034 (9/96)