

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90018 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE ✓ Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009872**

1. Corporation Name
BOCA OCEAN CORP.



Principal Place of Business 1700 COCONUT DRIVE BOCA RATON FL 33432 US	Mailing Address 1700 COCONUT DRIVE BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1810 NW 23RD BLVD -		2a. Mailing Address 26 1810 NW 23RD BLVD		3. Date Incorporated or Qualified 01/31/1996
Suite, Apt. #, etc. 22 APT 232 TUCHMAN		Suite, Apt. #, etc. 27 APT 232 TUCHMAN		4. FEI Number 65-0642922
City & State 23 GAINESVILLE, FL		City & State 28 GAINESVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32605	Country 25 USA	Zip 29 32605	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent

**TUCHMAN, STEPHAN A
1700 COCOANUT RD.
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name STEPHAN A. TUCHMAN
82 Street Address (P.O. Box Number is Not Acceptable) APARTMENT 232
83 1810 NW 23RD BLVD
84 City GAINESVILLE
85 State FL
86 Zip Code 32605

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  **STEPHAN A. TUCHMAN** **7/21/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUCHMAN, STEPHAN A		1.2 NAME STEPHAN A. TUCHMAN	
STREET ADDRESS 1700 COCONUT DRIVE		1.3 STREET ADDRESS 1810 NW 23RD BLVD - APT 232	
CITY-ST-ZIP BOCA RATON FL 33432		1.4 CITY-ST-ZIP GAINESVILLE FL 32605	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **STEPHAN A. TUCHMAN** **7/21/99** **352-378-6620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P96000009872
SA 7794-90018-36

Boca Ocean Corp.

1810 NW 23rd Blvd.

Apartment 232

Gainesville, FL 32605

Phone: (352) 376.6131

Fax: (352) 378.0273

Tuesday, July 27, 1999

Annual Reports Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32320-1500

Dear To whom it may concern:

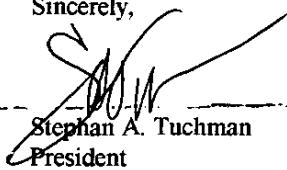
On April 15, I sent in the Profit Corporation Annual Report for Boca Ocean Corp. with my change of address and a check for \$150.

A few days ago, I received a second notice to my new address but with the old information. After calling your offices, and per the instructions I received, I am resubmitting the 1999 Annual Report with changed information and a new check for \$150.

I hope that this will clear up any open issues and I sincerely appreciate your assistance in this matter.

Thank you.

Sincerely,



Stephan A. Tuchman
President