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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000035607 (6)

R & A OF BOCA CORPORATION

Principal Place of Business Mailing Address 21470-JUEGO GIROLE: 480 - 21430-WIFOG-CIRCLE...... 3. Date Incorporated or Qualified 3a, Date of Last Report 04/24/1996 Mailing Address FEI Numbe Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name SHORE, ROBERT 21476 JUEGO CIRCLE, #8C 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 City 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 Supp of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as egistered agent. I am far iliap with any appendix of Section 607.0505, Florida Statutes. SIGNATURE and little if applicable (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETÉ TILLE 1.1 TITLE Change Addition NAME 1.2 NAME CRZE034 STREET ADDRESS 1.3 STREET ADORESS CITY - ST- ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY: ST-ZIP 2.4 CITY-ST-ZIP DELETE THLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE THLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-20P 4 4 CITY-ST-ZIP DELETE THILE 51 TULE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CBY-SI-ZIP 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 regulred by Chapter 607, Florida Statutes; and that my name