

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

FILED

**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052692 (6)

1. Corporation Name
WEST BOC MARKETING, INC.



Principal Place of Business Mailing Address
**C/O DENNIS G. BRITTEN
2200 NW CORPORATE BLVD. SUITE 210
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **06/19/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **21065 Powerline Road** 26 **21065 Powerline Road**

4. FEI Number **65-0697343** Applied For Not Applicable

22 **Suite 2-A** 27 **Suite 2-A**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Boca Raton, FL** 28 **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33433** 25 **Palm Beach** 29 **33433** 30 **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**BRITTEN, DENNIS G
2200 NW CORPORATE BLVD
SUITE 210
BOCA RATON FL 33431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **21065 Powerline Road**
83 **Suite 2-A**
84 City **Boca Raton** 85 Zip Code **FL 33433**

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 <input type="checkbox"/> DELETE	D	1.1 TITLE	P,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTEN, DENNIS G	1.2 NAME	
STREET ADDRESS	2200 NW CORPORATE BLVD STE 210	1.3 STREET ADDRESS	9800 N.W. 48th Court
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Coral Springs, FL 33075
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Dennis G Britten* 2/11/97 501/852-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)