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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra 🕒 Mortham

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Apr 23 1997 8:00am

Secretary of State

Secretary of State ...
DIVISION OF COMPORATIONS

DOCUMENT # P9600054028 (1)

OAK CIRCLE OF BOCA RATON, INC.

-1			· - ·	<u> </u>	FB(S) B(A) B(S) BA) B (10) B() B()
Principal Place	e of Business	Mailing Address			0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4061 OAK CIRCLE BOCA RATON FL 83431		4081 OAK CIRCLE BOCA RATON FL 33431-4201			
				3. Date Incorporated or Qualified 06/25/1996	3a, Date of Last Report
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65 068 425	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes X No
44.0	g, Name and Address of Currer	nt Hegisterea Agent	81 Name	10. Name and Address of New Reg	istered-Agent
433	LITS, RYAN E RLAZA REAL - SUITE 275 CA RATON FL 33432		1000	ress (P.O. Box Number is Not Acceptable Feb. Huy	# 20 7
			150c	2 ILATON	FL
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 across, 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 year, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Stg allule, typed or printed name of registering agent and ratio it applicable (NOTE friegistered Agent signature required when reinstating) DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSD	☐ DELETE	1.1 TITLE		L. Change L Addition
NAME	TOMA, GEORGE C JR		1.2 NAME		i
STREET ADDRESS	4061 OAK CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOMA, BARBARA		2.2 NAME		
STREET ADDRESS	4061 OAK CIRCLE		2.3 STREET ADDRESS		l l
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 City - St - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		····	3.4. CITY - ST - ZIP		
TITLE		L] DELETE	4.1 TITLE		L_ Change L_ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TATLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			G.2 NAMF		
STREET ADDRESS			6.3 STREET ADDRESS		
I					,

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 on an attachment with an address.