

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

0338060

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90006 016 \*\*\*150.00

DOCUMENT # P96000074125

1. Corporation Name  
THE BOCA GROUP LIMITED, INC.

Principal Place of Business  
1757 AVENIDA DEL SOL  
BOCA RATON FL 33432

Mailing Address  
4101 N OCEAN BLVD., #405  
BOCA RATON FL 33431

2. Principal Place of Business  
21 4101 N. Ocean Blvd  
Suite, Apt. #, etc.  
22 #405  
City & State  
23 Boca Raton, FL  
Zip 33431  
Country USA

2a. Mailing Address  
26

Suite, Apt. #, etc.  
27

City & State  
28

Zip 29  
Country 30

3. Date Incorporated or Qualified  
09/06/1996

4. FEI Number  
65-0691448  
Applied For  
Not Applicable

5. Certificate of Status Desired  
Fee Required

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

8. This corporation owes the current year Intangible  
Personal Property Tax.  
□ Yes  No

9. Name and Address of Current Registered Agent

CRAIG CHEEVERS  
4101 N OCEAN BLVD., #405  
BOCA RATON FL 33431

81 Name Craig Cheevers

82 Street Address (P.O. Box Number is Not Acceptable)

4101 N Ocean Blvd #405

83

84 City Boca Raton FL Zip Code 33431

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

Craig Cheevers

4/16/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Craig Cheevers

4/16/99

5613913983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)