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

PROFIT CORPORATION annual report

1997

CITY-ST-ZiP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ... DIVISION OF CORPORATIONS

DOCUMENT # P96000080406 (7) BOCA GLADES, INC. Principal Place of Business Mailing Address 2121 PONCE DE LEON BLVD 2121 PONCE DE LEON BLVD **PENTHOUSE** PENTHOUSE CORAL GABLES FL 33134 CORAL GABLES FL 33134-5224 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Numbe Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country ZιD Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARCUS, STEWART <u>B06610</u> 2121 PONCE DE LEON BLVD is Not Acceptable) 82 PENTHOUSE CORAL GABLES FL 33134 11. Pursuant to the provision office or registered ago 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of Section 607.0505, Florida Statutes. DATE (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ONFICERS AND DIRECT 12. 13. D ADELETE ☐ Change ☐ Addition 1.1 TITLE TITLE MARCUS, STEWART NAME 1.2 NAME 2121 PONCE DE LEON BLVD., PENTHOUSE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition D 21 TITLE THE BOGGIO, LLOYD J NAME 2.2 NAME 2121 PONCE DE LEON BLVD., PENTHOUSE 23 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 2. 4 CITY - ST- ZIP CITY-ST-2H DELETE Change Addition 3.1 TIFLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-SI DELETE Change Addition TITLE 41 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP BZ-YII3 DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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

Date

Daytime Phone # 0184485

on an attachment with an address.

**FILED** Apr 04 1997 8:00am Secretary of State