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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089130 (4)

BOCA BEST REALTY, INC.				 	1 0 00	
Principal Place of Business	Mailing Address			t company life sector difficulties martis mann martis		11 4411 1881
19771 DINNER KEY DR 19771 DINNER KEY DR BOCA RATON FL 33498 BOCA RATON FL 33498						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified		
				10/28/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	 	oplied For
21	26			65-0702796		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	City & State			6. Election Campaign Financing	\$5.00	<u> </u>
23	28			Trust Fund Contribution	Added t	
Zip Country	Zip	Coun	try	8. This corporation owes or has paid the		
24 25	29	30		Personal Property Tax due June 30.		No
g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Register	ed Agent	
JANUS, HENRY L		8	1 Name			
111 NE FIRST ST		1	Street Add	dress (P.O. Box Number is Not Acceptable)		
5TH FL MIAMI FL 33132-2501		<u> </u>	13			
MIAIVII FL 33132-2301		Ĺ				
			City	F	·	Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the sagent. I am familiar with, and accept the company of the company	.0502 and 607.1508, Florida Statu	ites, the abo	ve-named cor	rporation submits this statement for the purpose	e of changing it	s registered registered
agent. I am familiar with, and accept the c	bligations of, Section 607.0505, F	Torida Statu	tes.			
SIGNATURE Signature, typed or printed name of repisters	ed agent and title if applicable. (NO	TE: Registered /	Agent signature regu	uired when reinstating) DAT	· · · · · · · · · · · · · · · · · · ·	
Signature, typed or printed name of registers	ed agent and title if applicable. (NO S AND DIRECTORS	TE: Registered /	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A		S IN 12
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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 a statechment with an address.

RE REQUIRED