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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90010 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P9600 01 02462**

1. Corporation Name

BOCA TRANSMISSION CORP.

Principal Place of Business

**5027, MAHARRIS COURT
COCONUT CREEK
FL., 33073**

Mailing Address

**8110, SEVERN DRIVE, #C
BOCA RATON,
FL. 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/96

2. Principal Place of Business

8110, SEVERN DRIVE

2a. Mailing Address

8110, SEVERN DRIVE

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

4. FEI Number

65-0720929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**CORPORATION SERVICE CO
1201, HAYS STREET
TALLAHASSEE, FL. 32301-2025**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

4/12/99

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR, PRESIDENT, TREASURER** ☐ DELETE
NAME **SECRETARY: RICHARD FRANKS**
STREET ADDRESS **10892, CRESCENDO CIRCLE,**
CITY-ST-ZIP **BOCA RATON, FL. 33498**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR, PRESIDENT, TREASURER** ☒ Change ☐ Addition
1.2 NAME **SECRETARY:**
1.3 STREET ADDRESS **RICHARD FRANKS,**
1.4 CITY-ST-ZIP **8110, SEVERN DRIVE, #C, BOCA RATON, FL. 33433**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

R. FRANKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

561-218-0183

Daytime Phone #

CR2E034 (11/98)