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

Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000080265 (6) **BOCA TROPICS, INC.** Principal Place of Business Mailing Address 3827 W ATLANTIC AVE 3827 W ATLANTIC AVE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 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 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STASZAK, CATHERINE R 3827 W ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33445 вз 84 City 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. (NOTE: Registered Agent signature required when reinstalling) Signature, typed or ponted name of registered agent and title if applicable DATE CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 1.1 TITLE NAME STASZAK, RAYMOND G 1.2 NAME 3827 W ATLANTIC AVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33445** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition STASZAK, CATHERINE R 2.2 NAME 3827 W ATLANTIC AVE STREET ADDRESS 23 STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

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 aprival report if 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attaching report as required by Chapter 607. SIGNATURE:

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1561-482-2925

Change

Addition

FILED