

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

DOCUMENT # P98000018746

1. Corporation Name

BOCA CLUB INVESTORS, INC.

Principal Place of Business

2021 TYLER STREET
HOLLYWOOD FL 33020

Mailing Address

2021 TYLER STREET
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

05-0818275

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
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

2. Principal Place of Business

21 350 West Camino Gardens Blvd

Suite, Apt. #, etc

22 Suite 303

City & State

23 Boca Raton FL

Zip Country

24 33432 25 Palm Beach

2a. Mailing Address

26 350 West Camino Gardens Blvd

Suite, Apt. #, etc.

27 Suite 303

City & State

28 Boca Raton FL

Zip Country

29 33432 30 Palm Beach

9. Name and Address of Current Registered Agent

SCHNEIDER, REUBEN M
2021 TYLER STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

Brian Street

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

350 West Camino Gardens Blvd.

83

Suite 303

84 City

Boca Raton

FL

85 Zip Code

33432

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.

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SCHNEIDER, REUBEN M

STREET ADDRESS 2021 TYLER STREET

CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE P, D ☐ DELETE

NAME Brian Street

STREET ADDRESS 350 West Camino Gardens Blvd

CITY-ST-ZIP Suite 303

TITLE Boca Raton FL 33432 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME Jeffrey I. Schocker

STREET ADDRESS 350 West Camino Gardens Blvd.

CITY-ST-ZIP Suite 303

TITLE Boca Raton, FL 33432 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey I. Schocker

3/14/99

561-394-4429

Date

Daytime Phone #

CR2E034 (11/98)