

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90020 045 ***150.00

DOCUMENT # P98000058880

1. Corporation Name
BOCAIR GROUP, INC.



Principal Place of Business
101 23RD AVE S
MERIDIAN MS 39301

Mailing Address
101 23RD AVE S
MERIDIAN MS 39301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1900 GLADES RD.

2a. Mailing Address
26 21218 ST. ANDREWS BLVD

4. FEI Number
65-0880064

Applied For
Not Applicable

Suite, Apt. #, etc.
22 SUITE 101

Suite, Apt. #, etc.
27 # 506

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 BOCA RATON, FL

City & State
28 BOCA RATON, FL

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Zip Country
24 33431 25 USA

Zip Country
29 33433 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

81 Name PAUL LEVEILLE
82 Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES RD.
83 SUITE 101
84 City BOCA RATON FL 85 Zip Code 33431

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

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

SECRETARY
(NOTE: Registered Agent signature required when reinstating)

3/5/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT LUDLAM	
1.3 STREET ADDRESS	5401 NW 15th AVE	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH MOLNAR	
2.3 STREET ADDRESS	5401 NW 15th AVE.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL LEVEILLE	
3.3 STREET ADDRESS	1900 GLADES RD, SUITE 101	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Leveille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 3/5/99

Date

561-447-4013

Daytime Phone #

CR2E034 (11/98)

0549579