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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

S22438

(3)

160 BOCA, INC.

Mailion Arldress



			ailing Address	•						
2301 W. SAM BLDG. #3. SI POMPANO BI			2301 W. SAMPLE I BLDG. #3, SUITE ( POMPANO BEACH	#2A		Date Incorporated or Qualified	3a. Da	nte of Last Re	eport	
						11/30/1990		03/22/19	95	
		20	Mailing Address			4. FEI Number			Applied For	
2. Principal Placi	e of Business	26	Willing Addices			65-0238198		ľ	Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution			O May Be of to Fees	
Zip	Country		Zıp	Cour	ntry	8. This corporation has liability for Florida Statutes Yes	intangible	tax under s	199.032,	
4	9. Name and Address of Curre	29	stored Agent	30		10. Name and Address of New R		d Agent		
	9. Name and Address of Curr	em nega	Stereo Agent		81 Name					
						ress (P.O. Box Number is Not Acceptat	vie)			
GREENFIELD, MIKE					82 Street Add	oress (F.O. Box Norriber is Not Nocoptat				
	. SAMPLE ROAD				83					
BLDG. #3, SUITE #2A POMPANO BEACH FL 33073			•		n			. 85 Z	p Code	
					84 City		F	LIII		
11. Pursuant to	the provisions of Sections 607.05	02 and 60	07.1508, Florida Stat	lutes, the abo	ve-named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of o	enanging its r as registered	registered offici Lagent, Lam	
	d agent, or both, in the State of Fid , and accept the obligations of, Se				orporation's boo	oration submits this statement for the pu ard of directors. I hereby accept the app	On tarror n			
	i, and accept the congenions on on									
SIGNATURE	Ignature, typed or printed name of registered ag	port and title if	applicable.	NOTE Registered	Agent signature regul	ed when reinstating)	()ATE		SELO IN LAD	
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I do nereby certify that the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

29/96 33

355-975-56

CR2E034 (12/95)