

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S22691 (7)**

1. Corporation Name  
**BFC/ARBOR ASSOCIATES, INC.**



Principal Place of Business  
**433 PLAZA REAL  
335  
BOCA RATON F 33432  
US**

Mailing Address  
**433 PLAZA REAL  
335  
BOCA RATON FL 33432  
US**

3. Date Incorporated or Qualified **01/04/1991** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0250937** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE  
200 S. BISCAYNE BOULEVARD  
SUITE 4900  
MIAMI FL 33131-2352**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D CROCKER, BARBARA F**

STREET ADDRESS **433 PLAZA REAL STE 335**

CITY- ST- ZIP **BOCA RATON FL**

TITLE  DELETE

NAME **BT ONISKO, ROBERT E**

STREET ADDRESS **433 PLAZA REAL STE 335**

CITY- ST- ZIP **BOCA RATON FL**

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

Change  Addition

11 TITLE

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

**400001847214**

**-06/03/96--01021--031**

**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing 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 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. I am a resident of \_\_\_\_\_ with an address \_\_\_\_\_

SIGNATURE: **ROBERT ONISKO** 4/29/96 407-345-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)