

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26366 (2)

1. Corporation Name
MRE OF BOCA, INC.

Principal Place of Business
**19050 FOX LANDING DRIVE
BOCA RATON FL 33434**

Mailing Address
**19050 FOX LANDING DRIVE
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		01/22/1991	03/17/1994
22 State, Apt # etc		27 State, Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		22-1757393	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Elect to compute franchise tax under 1993 statute	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
8. This corporation has liability insurance for under a 100 037 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EDELMAN, ROBERT D. 19050 FOX LANDING DRIVE BOCA RATON FL 33434				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
				03	
				04 City	FL 05 Zip Code

11. Pursuant to the provisions of Sections 607 0507 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 _____
(Signature of individual or corporate name of registered agent and title if applicable) (Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, ROBERT	12 NAME	
STREET ADDRESS	19050 FOX LANDING DR	13 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	14 CITY, ST, ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, MARJORIE D	22 NAME	
STREET ADDRESS	19050 FOX LANDING DR	23 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110 07(3)(b), Florida Statutes. I further certify that the information included 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 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an appointment with an address.

SIGNATURE: *Robert D. Edelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95

CR2E034 (3/95)