

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/22/1991 | 3a. Date of Last Report 07/05/1995 |
| 4. FEI Number 22-1757393 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

**EDELMAN, ROBERT D.
19050 FOX LANDING DRIVE
BOCA RATON FL 33434**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0602 and 607.1726, 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, Sections 607.0606, Florida Statutes.

SIGNATURE

Signature of the corporation's principal officer or director

Signature of the Registered Agent

DAY

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | EDELMAN, ROBERT | |
| STREET ADDRESS | 19050 FOX LANDING DR | |
| CITY, ST, ZIP | BOCA RATON FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | EDELMAN, MARJORIE D | |
| STREET ADDRESS | 19050 FOX LANDING DR | |
| CITY, ST, ZIP | BOCA RATON FL | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert D. Edelman** **ROBERT D. EDELMAN** 3/29/96 407-241-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)