FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)BOCA BAR ASSOCIATION, INC. Principal Place of Business Mailing Address 2300 GLADES RD 2300 GLADES RD STE 415E STE 415F DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** US 3. Date Incorporated or Qualified 02/08/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0255642 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATTLIN, FRED W. 2300 GLADES RD Street Address (P.O. Box Number is Not Acceptable) 82 **STE 400E** 83 **BOCA RATON FL 33431** 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE MATTLIN, FRED W. NAME 1.2 NAME 32E034 STREET ADDRESS 2300 GLADES RD, STE 400E 1.3 STREET ADDRESS **BOCA RATON FL** CATY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE Change NAME 3.2 NW 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 5.1 YOUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

Change