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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S45014 1. Corporation Name

BOCA BONS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

22

Principal Place of Business	Mailing Address
10720 WILES RD	8080 MIZNER LANE BOCA RATON FL 33433
CORAL SPRINGS FL 33076 US	BOCA HATON FL 33433

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90038 047 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

·Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

04/12/1991 4. FEI Number

65-0258728

City & State City & State				6. Election Campaign Financing	•	\$5.00 May Be Added to Fees			
23		28			Trust Fund Contribution		rees		
Zip	Country	Zip	Country		8. This corporation owes the current year				
24	25	29	30		Personal Property Tax.		□No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent			
	,		8	1 Name			1		
KANTER, SUSAN A. 10720 WILES RD CORAL SPRINGS FL 33076			8:	Street A	Address (P.O. Box Number is Not Acceptable)				
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			8-	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode		
44 Diminat	to the provinces of Sections 607.0	502 and 607 1508 Florida State	utes the ahn	ve-named o	corporation submits this statement for the purpose	of changing its	registered		
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.									
agent. I a	m familiar with, and accept the obl	gations of, Section 607.0505, F	lorida Statute	s.	,				
SIGNATURE Signature, byged or original name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
	Signature, typed or printed name of registered	<u> </u>		ent signature re	ADDITIONS/CHANGES TO OFFICERS		RS IN 12		
12.		AND DIRECTORS	13.			Change	Addition		
TITLE	DP	□ pere₁e			THE CONTRACT OF		_		
NAME	KANTER, SUSAN A.		1.2 NAME		•	•	1		
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CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-	ST-ZIP			- Addising		
TITLE		☐ DELETÉ	2.1 TITLE	Ì		· Change	Addition		
NAME			2.2 NAME	:	•	. *			
STREET ADDRESS			2.3 STRE	ET ADDRESS	•				
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME	.	•				
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NAME			6.2 NAMI				İ		
STREET ADDRESS) · · ·		6.3 STRE	ET ADDRESS		•			
CITY-ST-ZIP			6.4 CITY						
14 I bereby	certify that the information supplied	with this filing does not qualify	for the exemi	otion stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation		

Intereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.9.07(3)(f), Florida Statutes. Interest carry 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: