

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S54309 (7)**

1. Corporation Name  
**BOCA EXPRESS, INC.**



Principal Place of Business	Mailing Address
<b>1700 N DIXIE HWY SUITE 138 BOCA RATON FL 33432 US</b>	<b>1700 N DIXIE HWY SUITE 138 BOCA RATON FL 33432 US</b>

3. Date Incorporated or Qualified <b>05/21/1991</b>	3a. Date of Last Report <b>04/27/1995</b>
--	--

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

4. FEI Number <b>65-0264004</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
-------------------------	-------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

22. City & State	27. City & State
------------------	------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	------------------------------------

23. Zip	28. Zip	Country	Country
---------	---------	---------	---------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

24. Zip	25. Country	29. Zip	30. Country
---------	-------------	---------	-------------

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RAYMAN, HELAINE  
1700 N DIXIE HWY  
SUITE 138  
BOCA RATON FL 33432**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMAN, HELAINE</b>	
STREET ADDRESS	<b>1700 N DIXIE HIGHWAY, SUITE 138</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>BIRNBAUM</b>	
STREET ADDRESS	<b>1700 N. DIXIE HWY, SUITE 138</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

**SIGNATURE:**

*Helaine Par*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
Date

**(407)395-3958**  
Daytime Phone #

CR2E034 (12/95)