

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S54309 (7)

1. Corporation Name  
BOCA EXPRESS, INC.

Principal Place of Business  
1700 N DIXIE HWY  
SUITE 138  
BOCA RATON FL 33432  
US

Mailing Address  
1700 N DIXIE HWY  
SUITE 138  
BOCA RATON FL 33432-1808  
US



2. Principal Place of Business

21 3401 N. FEDERAL HWY,  
Suite, Apt. #, etc.  
22 SUITE 201  
City & State  
23 BOCA RATON, FL  
Zip  
24 33431  
County  
25 USA

2a. Mailing Address

26 3401 N. FEDERAL HWY,  
Suite, Apt. #, etc.  
27 SUITE 201  
City & State  
28 BOCA RATON, FL  
Zip  
29 33431  
Country  
30 USA

3. Date Incorporated or Qualified  
05/21/1991

3a. Date of Last Report  
05/01/1996

4. FEI Number

65-0264004

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83 SUITE 201  
84 City BOCA RATON FL 85 Zip Code 33431

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 3401 N. FEDERAL HWY, SUITE 201   |
| 1.4 CITY-ST-ZIP    | BOCA RATON, FL 33431   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 3401 N. FEDERAL HWY, SUITE 201   |
| 2.4 CITY-ST-ZIP    | BOCA RATON, FL 33431   |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Rayman

4/21/97

(561) 895-3788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CP2E034 (9/96)