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

PROFIT

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May 15 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S54309 (7) **BOCA EXPRESS, INC.** Principal Place of Business Mailing Address 3401 N FEDERAL HWY 3401 N FEDERAL HWY STE 201 STE 201 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified US 05/21/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0264004 Not Applicable Suite Apt #, etc Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAYMAN, HELAINE 1700 N DIXIE HWY SUITE 138 83 **BOCA RATON FL 33432** 11. Pursuant to the provisions of Sections 607.05()2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. HELAINE RAYMAN, PRESIDENT
Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE RAYMAN, HELAINE NAME 1 2 NAME 3401 N FEDERAL HWY STE 201 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BIRNBAUM NAME 2.2 NAME 3401 N FEDERAL HWY STE 201 STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ Change DELETE Addition HTLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THILE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby cortify 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 eath, 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 or an attrichment with an address.

HELAINE RAYMAN

FILED