

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S55785** (7)

1. Corporation Name

**BOCAL CORPORATION**



Principal Place of Business

P. O. BOX 342  
REINHOLDS PA 17569

Mailing Address

P. O. BOX 342  
REINHOLDS PA 17569

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SACKS, CATHY L.**  
**7017 CYPRESS BRIDGE DRIVE NO.**  
**POINTE VEDRA BCH FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

*Ponte Vedra Beach*

FL

85 Zip Code

*32082*

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DP                      | <input type="checkbox"/> DELETE |
| NAME           | SACKS, CATHY L.         |                                 |
| STREET ADDRESS | 7017 CYPRESS BRIDGE NO. |                                 |
| CITY-ST-ZIP    | PONTE VEDRA BCH FL      |                                 |
| TITLE          | DV                      | <input type="checkbox"/> DELETE |
| NAME           | SACKS, ROBERT W.        |                                 |
| STREET ADDRESS | 7017 CYPRESS BRIDGE NO. |                                 |
| CITY-ST-ZIP    | POINTE VEDRA BCH FL     |                                 |
| TITLE          | DT                      | <input type="checkbox"/> DELETE |
| NAME           | NASS, ROBERT A.         |                                 |
| STREET ADDRESS | 125 LAUREL RIDGE RD.    |                                 |
| CITY-ST-ZIP    | REINHOLDS PA            |                                 |
| TITLE          | S                       | <input type="checkbox"/> DELETE |
| NAME           | NASS, AMBER             |                                 |
| STREET ADDRESS | 125 LAUREL RIDGE RD     |                                 |
| CITY-ST-ZIP    | REINHOLDS PA            |                                 |
| 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 | <i>8027 Abby Creek Lane W.</i>   |
| 1.4 CITY-ST-ZIP    | <i>Ponte Vedra Beach, FL 32082</i>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <i>8027 Abby Creek Lane W.</i>   |
| 2.4 CITY-ST-ZIP    | <i>Ponte Vedra Beach, FL 32082</i>   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cathy L. Sacks*

*1/26/94*

Date

*904-285-4746*

Daytime Phone #

CR2E034 (12/95)