

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 # S65426 (6)

1. Corporation Name

BOCA MANAGEMENT CORPORATION

Principal Place of Business

22112 PALMS WAY #201
BOCA RATON FL 33433

Mailing Address

22112 PALMS WAY #201
BOCA RATON FL 33433



3. Date Incorporated or Qualified
07/05/1991

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 23458 TORRO CIRCLE
Suite, Apt. #, etc.

26 SMO
Suite, Apt. #, etc.

4. FEI Number
65-0280380

Applied For
Not Applicable

22 City & State

27 City & State

23 BOCA RATON, FL
Zip Country

28 SMO
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33433 25 USA

29 SMO 30 SMO

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICHTMAN, JONATHAN J.
100 NE THIRD AVE
STE 1100
FT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL 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

(Signature typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME DVST

STREET ADDRESS LICHTMAN, JONATHAN J.

CITY-STATE-ZIP 22112 PALMS WAY #201

BOCA RATON FL

12.2 TITLE

NAME DP

STREET ADDRESS LICHTMAN, BETSY

CITY-STATE-ZIP 22112 PALMS WAY #201

BOCA RATON FL

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

23458 TORRO CIRCLE
BOCA RATON, FL 33433

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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

1/12/96

305/462-3300
Date Daytime Phone #

CR2E034 (12/95)