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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$68441

(2)

FILED Apr 04 1997 8:00am Secretary of State

BOAIR INC.										V B () () ()
Principal Place of Business	;	Mailing A	.ddress							
290 S MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344			3442-3030							
							3. Date incorporated or Qualified 07/22/1991	1	te of Last 18/1996	
2. Principal Place of Busin	oss	2a. Mailin	g Address				4. FEI Number		······································	pplied For
21		26					65-0274425			lot Applicable
Suite, Apt #, etc. 2		Suite, Apt. #, etc.					5. Certificate of Status Desired See Regulred			
City & State			State				6. Election Campaign Financing		\$5.00) May Be
23		28		T		******	Trust Fund Contribution		Added	to Fees
Zip	Country	Ζφ		Count	iry		8. This corporation has tiability for i			s. 199.032,
24 Name	25 and Address of Curren	29	hant	30			Florida Statutes 10. Name and Address of New Re	Yes [
		ii negistereo a	-geni	8	1 N	ame	10, Hallie BIRI ADDIESS DI NEW NE	giatered /	Agent	
ROCKE, ROBE										
290 S. MILITAF DEERFIELD BE					82 Street Add		ress (P.O. Box Number is Not Acceptable)			
שבכארובנט סכ	MUTI FL 33442			8	3					
				<u> </u> _				· · · · · · · · · · · · · · · · · · ·		
				8	14 C	ity		FL	85 Zip	Code
11. Pursuant to the provis	ons of Sections 607.050	of Florida Pun	L abancaaa		h					s registered
SIGNATURE"	ent, or both, in the State th, and accept the obliga				by the les.	e corporati	ion's board of directors. I hereby acception	DATE		
office or registered ag agent. I am familiar wi SIGNATURE	ent, or both, in the State th, and accept the obliga- or printed name of registered ago				by the les.	e corporati		DATE		
office or registered ag agent. I am familiar wi SIGNATURE Stgnature, typed	ent, or both, in the State th, and accept the obliga- or printed name of registered ago	ont and title if applica		DIE: Registered A	by the les.	e corporati	red when reinstating)	DATE		RS IN 12
office or registered agagent I am familiar will SIGNATURE Stgnalute, blood 12. IIILE D	ent, or both, in the State th, and accept the obliga- or printed name of registered ago	ont and title if applica	itile (NC	DIE: Registered A	by the les. Agent si	e corporati	red when reinstating)	DATE	DIRECTO	RS IN 12
office or registered agagent Tam familiar will SIGNATURE Stignative, typical 12. TILLE D NAME BOCCAC STREEL ADORESS 115 NE 4	ent, or both, in the State th, and accept the oblig- or printed name of registered age OFFICERS ANI CIO, JUDITH 18TH COURT	ont and title if applica	itile (NC	DIE: Registered A 13. 1.1 TITLE	by the les. Agent si E	gnature requir	red when reinstating)	DATE	DIRECTO	RS IN 12
office or registered agagent Tam Tamiliar will SIGNATURE Stignative, typical 12. THLE D NAME BOCCAC STREEL ADDRESS 115 NE 4	ent, or both, in the State th, and accept the oblig- or printed name of registered age OFFICERS ANI CIO, JUDITH	ont and title if applica	ible (NC	13. 1.1 TITLE	by the les. Agent si E E EY ADO	e corporati	red when reinstating)	DATE	DIRECTO Change	RS IN 12
office or registered ag agent I am familiar will SIGNATURE SIGNATURE Stgnative, typical Power	ent, or both, in the State th, and accept the oblig- or printed name of registered age OFFICERS ANI CIO, JUDITH 18TH COURT O BEACH FL	ont and title if applica	itile (NC	13. 1.1 TIFLE 1.2 NAMI 1.3 STRE	by the les. Agent si E E E T ST-21	e corporati	red when reinstating)	DATE	DIRECTO	RS IN 12
office or registered ag agent I am familiar will SIGNATURE SIGNATURE Stgnative, typied 12. D BOCCAC STREEL ADDRESS CITY-ST-ZIP POMPAN TOLE P RAM: ROCKE,	ent, or both, in the State th, and accept the oblig- or printed name of registered age OFFICERS ANI CIO, JUDITH ISTH COURT O BEACH FL ROBERT	ont and title if applica	ible (NC	13. 1.1 TIFLE 1.2 NAM 1.3 STRE 1.4 CITY	by the les. Agent si E E E EY ADO - ST - 21	e corporati	red when reinstating)	DATE	DIRECTO Change	RS IN 12
office or registered agagent I am familiar will SIGNATURE 12. HILE NAME STREEL ADDRESS CITY ST. 72P NAMS ROCKE, STREEL ADDRESS THEEL ADDRESS	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	ible (NC	13. 1.1 VIFLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 VITLE	by the les. Agent si E E E T ST-21 E	gnature requir	red when reinstating)	DATE	DIRECTO Change	RS IN 12
office or registered agagent I am familiar will SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP NAME ROCKE, STREET ADDRESS 115 NE ROCKE, STREET ADDRESS CITY-ST-ZIP POMPAN	ent, or both, in the State th, and accept the oblig- or printed name of registered age OFFICERS ANI CIO, JUDITH ISTH COURT O BEACH FL ROBERT	ont and title if applica	DELETE .	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	by the les. Agent sign E E E E E E E E E E E E E E E E E E E	gnature requir	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered ag agent I am familiar will am familiar will stigned we have a second of the se	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	ible (NC	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE	by the les. Agent significant	gnature requir	red when reinstating)	DATE	DIRECTO Change	RS IN 12
office or registered agagent I am familiar will SIGNATURE 12. 11. NAME BOCCAC STREEL ADDRESS CITY ST - ZIP POMPAN FILE NAME SIREEL ADDRESS CITY - ST - ZIP POMPAN TILE NAME ROCKE, SIREEL ADDRESS CITY - ST - ZIP NAME NAME	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE .	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	by the les. E E E E E E E E E F T T T T E E E E E E E E E	gnature requir	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered agagent I am familiar will SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-7IP POMPAN TITLE NAME SIREEL ADDRESS TITS NE 4 POMPAN TITLE POMPAN TITLE POMPAN TITLE NAME SIREEL ADDRESS TITS NE 4 POMPAN TITLE NAME SIREEL ADDRESS TITS NE 4 POMPAN TITLE NAME SIREEL ADDRESS	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE .	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE	by the less. E E E E E E E E E E E E E	gnature requir	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered agagent I am familiar will SIGNATURE 12. 11. NAME BOCCAC STREEL ADDRESS CITY-ST-ZIP POMPAN TITLE PAMM SIREEL ADDRESS CITY-ST-ZIP NAME SIREEL ADDRESS CITY-ST-ZIP	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY	by the less. E E E E E E E E E E E E E E E E E E	gnature requir	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered ag agent Tam Tamil ar will am Tamil ar will stignature, spread agent Tam Tamil ar will stignature, spread agent Tam Tamil ar will stignature, spread agent Tamil and the stignature of the spread agent Tamil and the spread agent Tamil ar will appear agent Tamil and the spread agent Tamil ar will appear agent Tamil and Tamil ar will appear agent Tamil and Tamil ar will appear agent Tamil and Tamil and Tamil ar will appear agent Tamil and Tamil and Tamil and Tamil ar will appear agent Tamil and Tami	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE .	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE	by the los. Agent in the los. E E E E E E E E E E E E E	gnature requir	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered agagent I am familiar will am familiar will stigned we, by seed 12. Title D BOCCAC 115 NE 4 POMPAN 115 N	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE	by the less. E E E E E E E E E E E E E E E E E E	gnature requir GRESS P ORESS IP	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered agagent I am familiar will SIGNATURE 12. HILE NAME STREEL ADDRESS CHY-ST-ZIP POMPAN HILE NAME STREEL ADDRESS CITY-ST-ZIP POMPAN HILE NAME STREEL ADDRESS CITY-ST-ZIP NAME STREEL ADDRESS CITY-ST-ZIP HILE NAME STREEL ADDRESS CITY-ST-ZIP HILE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	by the los. E E E E E E E E E E E E E E E E E E	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered agagent I am familiar will am familiar will stigned we, by seed 12. Title D BOCCAC 115 NE 4 POMPAN 115 N	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE	by the los. Agant size E E E E E E E E E E E E E	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
office or registered ag agent I am familiar will am familiar will stigned we, by seed 12. Title D BOCCAC 115 NE 4 POMPAN 111 NE 4 POMPAN 115	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY	by the los. Agent size E E E E E E E E E E E E E	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or registered ag agent I am familiar will am familiar will stignature, based at 12. TILE TILE TILE D BOCCAC STREEL ADORESS CITY-ST-ZIP POMPAN TILE NAME STREEL ADORESS CITY-ST-ZIP TILE NAME STREEL ADORESS CITY-ST-ZIP TILE NAME STREEL ADORESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	by the les. Agent size E E E E E E E E E E E E E	gnature requir PRESS P PRESS IP PRESS P	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or registered ag agent I am familiar will am familiar will stignalize, based at 12. TILE NAME STREEL ADORESS CITY-ST-ZIP POMPAN TITLE NAME STREEL ADORESS CITY-ST-ZIP TITLE NAME STREEL ADORESS CITY-ST-ZIP TITLE NAME STREEL ADORESS CITY-ST-ZIP TITLE NAME TITLE NAME STREEL ADORESS CITY-ST-ZIP TITLE NAME TITLE NAME	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	by the loss. Agent significant significan	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or registered ag agent I am familiar will am familiar will stignalize, based at 12. TILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.1 TITLE 4.2 NAVI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	by the los. Agent size E E E E E E E E E	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
office or registered ag agent I am familiar will am familiar will stignalize, based at 12. TILE D BOCCAC 115 NE 4 POMPAN 111LE P POMPAN 111LE P POMPAN 111LE POM	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	by the loss. Agent size of Add to the loss. E E E E E E E E E E E E E E E E E E E	gnature requir RESS P RESS IP RESS IP	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
office or registered ag agent I am familiar will am familiar will stignalize, based at 12. TILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	ent, or both, in the State th, and accept the oblig- or printed name of registered apr OFFICERS ANI CIO, JUDITH ISTH COURT IO BEACH FL ROBERT ISTH CT	ont and title if applica	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	by the loss. Agent 6: E E E E E E E E E E E E E	gnature requir RESS P RESS IP RESS IP RESS P RESS P	red when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR