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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # Corporation Name

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90040 015 ***150.00

BOCA G	HEENS ULEANERS, INC.										
Principal Place	ce of Business	Mailing A	Address								
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	ATE RD 7 (4) (2) (4) (5) (6) FL 33498-4768		s state AD 7 Iton FL 33498-4768	1						•	
US	FE 33436-4700		US				DO NOT WRITE IN THIS SPACE				
		•••				3.	Date Incorporate	ed or Qualife	ed .	·	
							10/07/1991				•
2. Principal F	Place of Business	2a. Maili	ng Address			4.	FEI Number			/	opplied For
21		26					65-0295304				lot Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				Certifcate of Sta	tue Desirod		\$8.75	Additional
22	<u> </u>	27	· · · · · · · · · · · · · · · · · · ·				Certificate of Sta	ids Desired	· 1.	Fee F	Required
City & Sta	te '	City	& State			6.	Election Campai	_	ng [7	\$5.0	May Be
23		28					Trust Fund Cont	ribution		Added	I to Fees
Zip	Country	Zip		Country		8.	This corporation		urrent yea		
24	25	29	3	0			Personal Proper		_ <u></u>	Yes	□No
	9. Name and Address of Curren		Agent	· 81	Name	10.	Name and Add	ress of Nev	w Register	red Agent	
СП	ARELLA ALFRED B	1,	,		Name						
	75-16 SOUTH STATE ROAD 7		•	82	Street A	Address (P	O. Box Number	is Not Acce	eptable)	·	
	CA RATON FL 33498		2 K (21 5 − 1 5 € + 1 • \$1728 (15 2					1.00		0 - 1 - 2 0 0 1 1 1	
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.150 of Florida, Suc	08, Florida Statutes	, the above	e-named of the corpo	corporation	n submits this state	tement for t	he purpose cept the ac	e of changing (poointment as r	egistered
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.150 of Florida. Sud tions of, Section	08, Florida Statutes ch change was autr on 607.0505, Florid	, the above horized by la Statutes.	e-named of the corpo	corporation pration's bo	n submits this state pard of directors. I	tement for t I hereby ac	he purpose cept the ap	e of changing it opointment as r	egistered
11. Pursuant office or in agent. I a	and the second s				_ : :		•	tement for t hereby ac	1		egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applical	ble. (NOTE: Re	egistered Agen	_ : :	equired when re	einstating) ,	····	DATE		
SIGNATURE	Signature, typed or printed name of registered eger OFFICERS AN	nt and title if applical	ble. (NOTE: Re	egistered Agen	_ : :	equired when re	einstating) ,	NGES TO	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applical	ble. (NOTE: Re	13.	_ : :	equired when re	einstating) ,	NGES TO	DATE		ORS IN 12
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14. I 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 affacting that my address, with all other like empowered.

SIGNATURE: