


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90095 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S96537

1. Corporation Name

BOCA/HIGHLAND BEACH REAL ESTATE, INC.

NEW ADDRESS NEW ADDRESS

Principal Place of Business

3401 N FEDERAL HWY
#105
BOCA RATON FL 33431

Mailing Address

3401 N FEDERAL HWY
#105
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

65-0329736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

21 *100 E. LINTON BLVD*

Suite, Apt. #, etc.

22 *#132A*

City & State

23 *DELRAY BCH, FL*

Zip

24 *33483*

Country

25 *USA*

2a. Mailing Address

26 *100 E. LINTON BLVD*

Suite, Apt. #, etc.

27 *#132A*

City & State

28 *DELRAY BCH, FL*

Zip

29 *33483*

Country

30 *USA*

9. Name and Address of Current Registered Agent

RATHGEB, PATRICIA A
3401 N. FEDERAL HWY #105
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name *RATHGEB PATRICIA A*
82 Street Address (P.O. Box Number is Not Acceptable) *100 E. LINTON BLVD. #132A*
83 *DELRAY BCH, FL 33483*
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

Patricia A Rathgeb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *D RATHGEB, PATRICIA A*
STREET ADDRESS *3401 N. FEDERAL HIGHWAY, #105*
CITY-ST-ZIP *BOCA RATON FL*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *RATHGEB, PATRICIA A*
1.3 STREET ADDRESS *100 E. LINTON BLVD. #132A*
1.4 CITY-ST-ZIP *DELRAY BCH, FL 33483*

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A Rathgeb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/99 (84)392-1959

Daytime Phone #

CR2E034 (11/98)