

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V01602 (4)

1. Corporation Name

BOCA ENTERPRISE SPECIALISTS, INC.



Principal Place of Business

855 SOUTH FEDERAL HIGHWAY
SUITE 217A
BOCA RATON FL 33432

Mailing Address

855 SOUTH FEDERAL HIGHWAY
SUITE 217A
BOCA RATON FL 33432

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CHAPMAN, RICHARD H.
855 SOUTH FEDERAL HIGHWAY
SUITE 217A
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/19/1991

3a. Date of Last Report

05/01/1995

4. FET Number

65-0301573

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 type for principal and managing agent and one if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPMAN, R. H.
STREET ADDRESS 6400 N.W. 2ND AVE.
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D
NAME ANDERSON, GRAYDON E
STREET ADDRESS 22310 W. 65TH AVE.
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE D
NAME DANIELKI, MARCEL
STREET ADDRESS 1400 S. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V ☐ Change ☒ Addition

12 NAME CHAPMAN, STEPHEN P.
13 STREET ADDRESS 855 S. FEDERAL HWY.
14 CITY-ST-ZIP BOCA RATON, FL 33432

21 TITLE S ☐ Change ☒ Addition

22 NAME JONES, MERRY
23 STREET ADDRESS 855 S. FEDERAL HWY.
24 CITY-ST-ZIP BOCA RATON, FL 33432

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 included 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 617, 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

6/11/96

(561) 392-7198

CR2E034 (3/96)