

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V24116 (8)

1. Corporation Name

BOCA SPORTSPLEX DEVELOPMENT CORP.



Principal Place of Business

7188 MANDARIN DR
BOCA RATON FL 33433
US

Mailing Address

7188 MANDARIN DR
BOCA RATON FL 33433
US

3. Date Incorporated or Qualified
03/26/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0322754

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS INC
3732 NW 16TH ST
FT LAUDERDALE FL 33311

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 title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	RODSTEIN, MARC	7188 MANDARIN DR	BOCA RATON FL	<input type="checkbox"/>
DT	KRESS, ALEXANDER	13749 PARC DR.	PALM BCH GARDENS FL	<input type="checkbox"/>
DVP	MULLIN, ROBERT	6571 SERENA LN	BOCA RATON FL	<input type="checkbox"/>
D	RODSTEIN, ALBERT	4775 PINE VIEW CIRCLE	DELRAY BEACH FL 33345	<input type="checkbox"/>
D	GINSBERG, JAMES	1496 HAMPTON RD.	RYDAL PA 19046	<input type="checkbox"/>
				<input type="checkbox"/>

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY-STATE-ZIP	Change	Addition
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96 907-483-6565

CR2E034 (12/95)