

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V25642

(2)

1. Corporation Name

FIRST BOCA ACREAGE, INC.

Principal Place of Business

40 S.E. 5TH ST.
SUITE 501
BOCA RATON FL 33432
US

Mailing Address

40 SE 5TH ST.
SUITE 501
BOCA RATON FL 33432-6003
US

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0335746

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

21

26

22

27

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, BRUCE
40 SE 5TH ST.
SUITE 501
BOCA RATON FL 33432

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 of the person who printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PTD	ROBBINS, BRUCE	40 SE 5TH ST.	BOCA RATON FL	☐
VPS	ROBBINS, BARBARA	40 SE 5 STREET	BOCA RATON FL	☐
D	GOLDSTEIN, JOEL	370 LEXINGTON AVE.	NEW YORK NE	☐
				☐
				☐
				☐
				☐

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	☐	☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	☐	☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	☐	☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	☐	☐
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	☐	☐
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: *Bruce Robbins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97 561-391-2505
Date Daytime Phone #

CR2E034 (9/96)