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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47059 1. Corporation Name

SANCTUARY OF BOCA, INC.

Principal Place	e of Business	Mailing Address					
4400 N. FEDER	AL HWY	4400 N. FEDERAL HWY.					
210		SUITE 210					
BOCA RATON FL 33431		BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed		
					06/25/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			65-0341725	П	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		¬ \$8.7	5. Additional
22		27			5. Certifcate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing	_ \$5.0	May Be	
23		28		Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	vear Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Reg	istered Agent	
	**		81	Name		-	
PRIN	ice, elayne		<u> </u>				
	N. FEDERAL HIGHWAY		82	Street Add	Iress (P.O. Box Number is Not Acceptable	•)	
	E 210		83		1 1974 941 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ra v disv. A dit a go a i rail antic sign francis	of Sixt Charles
	A RATON FL 33431		03			4	
500	A IMION IE 60401		84	City	The state of the s	85 Z	p Code
2.0	a .					PL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above	e-named con	poration submits this statement for the pu ion's board of directors. I hereby accept the	rpose of changing	its registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori-	da Statutes	ille corporati	ion's board of directors. Thereby accept to	ie appointment as	registered
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CICNIATURE					a a contract of the contract o		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agen	t signature requin	ed when reinstating)	DATE	<u> </u>
SIGNATURE 12.	*	ent and title if applicable. (NOTE: F	Registered Agen	t signature requin	ed when reinstating)		TORS IN 12
	*		_	it signature requin			
12.	OFFICERS AI	ND DIRECTORS	13.	t signature requin	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
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SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and ac officer or director of the corporation or the receiver or trustee empowered by Block 12 or Block 13 if changed, or on an attachment with an address with

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Feb 11, 1999 8:00am

Secretary of State 02-11-1999 90010 023 ***150.00