

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J75589** (8)

1. Corporation Name
BOYNTON SHOWTIME, INC.



Principal Place of Business: **% ALFRED T DELUCA, 1115 NORTH FEDERAL HIGHWAY, BOYNTON BEACH FL 33435**
Mailing Address: **% ALFRED T DELUCA, 1115 NORTH FEDERAL HIGHWAY, BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **06/01/1987**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2827312**
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: **1115 No Federal Hwy, Boynton Beach, FL, 33435**
2a. Mailing Address: **same**
22. City & State: **Boynton Beach, FL**
23. Zip: **33435**
24. County: **P.B.C.**

9. Name and Address of Current Registered Agent: **DELUCA, MICHAEL, 1115 NORTH FEDERAL HIGHWAY, BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent: **DELUCA, MICHAEL, 1115 NORTH FEDERAL HIGHWAY, BOYNTON BEACH FL 33435**

11. Pursuant to the provisions of Sections 607.050(2) and 607.1509, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: *Michael DeLuca Pres. Michael DeLuca* DATE: **2-7-96**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELUCA, FRANK	
STREET ADDRESS	1115 N. FEDERAL HIGHWAY	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	DELUCA, MICHAEL	
STREET ADDRESS	4300 WHIT FEATHER TRAIL	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ALFRED T. DeLuca	
3. STREET ADDRESS	1115 NO-FEDERAL HWY	
4. CITY-STATE-ZIP	BOYNTON, BEACH, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an addition thereto with an address.

SIGNATURE: *Michael DeLuca Pres. Michael DeLuca* DATE: **2-7-96 (407) 734-8866**

CR2E034 (12/95)