

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

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Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90008 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

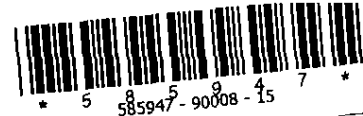
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000072811 ✓

1. Corporation Name

RDS OF BOYNTON, INC.

Principal Place of Business Mailing Address
 110 Via D'Este 110 Via D'Este
 Delray Beach, FL 33446 Delray Beach, FL 33446



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 110 Via D'Este | | 26 110 Via D'Este | | 08-20-98 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0858982 | |
| City & State | | City & State | | Applied For | |
| 23 Delray Beach, FL | | 28 Delray Beach, FL | | Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired | |
| 24 33446 25 USA | | 29 33446 30 USA | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> <input type="checkbox"/> | | 7. This corporation has | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Larry V. Bishins 4548 North Federal Highway Fort Lauderdale, FL 33308 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|---------------------|---|-----------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D, P, S | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | Donna Levy | | 1.2 NAME | | | | |
| STREET ADDRESS | 110 Via D'Este | | 1.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | Delray Beach, FL 33446 | | 1.4 CITY - ST - ZIP | | | | |
| TITLE | D, VP, T | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | Betty-Jane Levy | | 2.2 NAME | | | | |
| STREET ADDRESS | 8329 Bermuda Sound Way | | 2.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | Boynton Beach, FL 33436 | | 2.4 CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4 CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP | | | | |

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Levy PRES 6/29/99 561 736-7440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)