

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

FILED

**May 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name: **BOYNTON FIVE INC**

VOD112

Principal Place of Business: **7001 WEST LANATA RD LAKE WORTH FLA, 33466**

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **7001 WEST LANATA RD LAKE WORTH FLA**

2a. Mailing Address: **P.O. Box 540085 LAKE WORTH FLA**

23. Zip: **33466** Country: **USA**

29. Zip: **334540085** Country: **USA**

3. Date Incorporated or Qualified

4. FEI Number: **65-0312744**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **CLIFFORD R. RHOADS, P.A. 227 NORTH RIDGEWOOD SEBRING FLA**

10. Name and Address of New Registered Agent

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 _____ (NOT Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOHN I. WHITWORTH III	
STREET ADDRESS	3296 SHERWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH FLA. 33445	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	VALTEAU HALEY	
STREET ADDRESS	5450 AVONDA PICT RD	
CITY-ST-ZIP	DELRAY BEACH FLA. 33437	
TITLE	V.P. / SEC. TREASURER	<input type="checkbox"/> DELETE
NAME	JAMES G. DUBOSE	
STREET ADDRESS	P.O. Box 1652	
CITY-ST-ZIP	SEBRING FLA. 33871	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00**

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.

SIGNATURE: **James E. Dubose** (JAMES E. DUBOSE) DATE: **4/22/98** F800-544-0530

CR2E034 (10/97)