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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

BOYETT DESIGN GROUP, INC.

FILED										
Apr 14 1998 8:00an	)									
Secretary of State										



Principal Place	of Business		Mailing A	ddress					/	. TOTE DEPTH DID	/(0 <b>466</b> 0) (490)	
1553 SAN IGNACIO AVE 1553 SAN IGNACIO AVE CORAL GABLES FL 33146 CORAL GABLES FL 33146							DO NOT WRITE	. IN THIS S	PACE			
								3. Date Incorporated or Qualified 03/23/1992				7
2. Principal Pl	ace of Busin	ess	2a. Mailin	2a. Mailing Address				4. FEI Number		TĂ,	pplied For	
21			26					65-0326856		Nr.	ot Applicable	,
Suite, Apt. f	W, etc.		——————————————————————————————————————	Apt #, etc.				5. Certificate of Status Desired		,	Additional equired	
City & State			27 City &	State				6. Election Campaign Financing			<u>'</u>	$\dashv$
23			28	- Ciaio				Trust Fund Contribution			May Be to Fees	
Zip		Country	Zip		Cou	intry		8. This corporation owes or has paid the current year intangible				1
24	25 25			30				Personal Property Tax due June			□No	
		and Address of Currer	it Registered A	Agent		<u> </u>		10. Name and Address of New Re	gistered A	gent		_
	yal, raym					81	Name					
200 S. BISCAYNE BLDG.						82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		<u>-</u> -	7
	E. 4900 JMI FL 331:	21				83					· · · · · · · · · · · · · · · · · · ·	$\dashv$
ראוזו	uvii r E OO i	<b>V</b> 1					0.5			14-1	0.4-	4
						84	City		FL	<b>85</b> Zip	Code	
11. Pursuant to	o the provisi	ons of Sections 607.050	2 and 607,1506	8, Florida Statut	es, the a	bove	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of o	hanging it	ts registered	٦
agent. I an	n familiar wit	h, and accept the oblig	at one of Section	607.0505, FI	orida Sta	tutes	s.	ons board of directors. Thereby accept	it the appo	minon as	rogistorea	
SIGNATURE .			Q11,Q2	C M								
12.	Signature, Jyped	OF CICLOR AN	ed and trig if applica D DIRECTORS	tile Ruer	E. Registere	d Ago	nt signature require	ed when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIRECTOR	00 IN 12	16
TITLE	<u> </u>	OF ICENA AIN	D DIRECTORS	DELETE	1.1 1	n F	<u>-</u>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	∃Š
NAME	-	, renee k			1.2 N		1		•			1
STREET ADDRESS							ADDRESS					18
City-St-2NP		GABLES FL				ITY-SI	I					١ž
TITLE		<u> </u>		DELETE	2.1 10				I	Change	Addition	
NAME					2.2 N	AME	}					ł
STREET ADDRESS					2.3 5	TREET	ADORESS					
CITY-ST-ZIP					2 4 0	ITY-S	iT-ZIP					
TITLE				DELETE	3.1 T	TLF			Ţ	Change	Addition	7
NAME					3.2 N	AME						
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY-ST-ZIP						ITY - S	T-ZIP			_T·;;;		4
TITLE				DELETE	4.1 11		- 1		ι	Change	Addition	1
NAME					4.21							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	5.1 Ti	TY- 51	T-ZIP			Change	Addition	4
TITLE NAME					5.1 II		[		, L	Onange	L. AUGITOR	1
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						ITY-S1	I .					
TITLE				DELETE	5.4 U		1 - K.IF			Change	Addition	1
NAME					6.2 N		}		•			1
STREET ADDRESS							ADDRESS					
CITY ST. 7IP						TY-SI	- I					

14. I hereby certify that the information supplied with this filling 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.