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

NAME

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block

**FILED** Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 131562 (1)**BOUGHTON HOTEL INC** Principal Place of Business Mailing Address 525 E ATLANTIC AVE 525 E ATLANTIC AVE PO BOX 970 PO BOX 970 DO NOT WRITE IN THIS SPACE **DELRAY BCH FL 33483-5323 DELRAY BCH FL 33483-5323** 3. Date Incorporated or Qualified 12/05/1935 2a. Mailing Address Applied For 2. Principal Place of Business 59-0578951 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOUGHTON, JESTENA C Street Address (P.O. Box Number is Not Acceptable) **525 E ATLANTIC AVE** P OBOX 970 83 **DELRAY BEACH FL 33483** 84 City 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 Satutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registed Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1. TLE Change Addition **PCEO** TITLE 1.2AME BOUGHTON, JESTENA C. NAME 1.3 REET ADDRESS 525 E ATLANTIC AVE STREET ADDRESS 1.4TY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP DELETE 21 LE Change Addition TITLE 2.3REET ADDRESS STREET ADDRESS 2. ITY-ST-ZIP CITY-ST-ZIP DELETE 3.TLE Change Addition TITI F 3.≱ME NAME 3 REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME REET ADDRESS STREET ADDRESS 4 TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5AMF NAME TREET ADDRESS STREET ADDRESS JITY-ST-ZIP CITY-ST-ZIP DELETE ITLE ☐ Change □ Addition TITLE MME

**Å**REET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the imption 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 accurately 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 executis report as required by Chapter 607, Florida Statutes; and that my name appears in a second control of the corporation of the corporati