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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

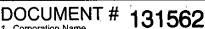
Jan 26, 1999 8:00am Secretary of State

FILED

01-26-1999 90003 031 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed



| BOUGHTON HOTEL INC | |
|--------------------|---|
| | |
| | • |

Principal Place of Business Mailing Address

525 E ATLANTIC AVE

526 BOX 970

PO BOX 970

DELRAY BCH FL 33483-5323

2. Principal Place of Business

2a. Mailing Address

| | • | | | | | 12/05/1935 | |
|--------------------|-----------------------------|----------|--|-------|------|---|---------------------------------|
| rincipal Place | of Business | 2a. | . Mailing Address | | | 4. FEI Number | Applied For |
| | | 26 | | | | 59-0578951 | Not Applicable |
| Suite, Apt. #, et | tc. | 27 | Suite, Apt. #, etc. | | | | 8.75 Additional Fee Required |
| City & State | | 28 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| .ip | Country . | 29 | Zip Co 30 | untry | | 8. This corporation owes the current year Intang Personal Property Tax. | ible -Yes □No |
| 9 | . Name and Address of Curre | nt Regis | tered Agent | | | 10. Name and Address of New Registered Age | ent |
| BUIRH | TON JESTENA C | , | | 81 | Name | | |
| 525 E ATLANTIC AVE | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | 83 | | | | | |
| PLLIMI | DE10111 E 00100 | | | 84 | City | . A de describito verse en | 5 Zip Code |

1. 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 confice 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.

| in a agent a | in ramiliar with, and accept the congenions of, econo | 11,000.0000.110110 | | | |
|----------------|--|--------------------|------------------------------|--------------------------------|-------------------------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicab | le (NOTE: D | anistered Ament signature re | equired when reinstating) | DATE |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | | ☐ DELETE | 1,1 TITLE | | Change Addition |
| | PCEO | | | 12 × 3+2 0 2 | |
| NAME | BOUGHTON, JESTENA C. | | 1.2 NAME | | • |
| STREET ADDRESS | 525 E ATLANTIC AVE | | 1.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | | |
| uure | | □ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | · <i>,</i> | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | · | |
| TITLE . | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| ارژن و عMAN | The state of the s | | 3.2 NAME | | |
| STREET ADDRESS | Burner a Borrage and in CB Total Processor and the State of the State | | 3.3 STREET ADDRESS | | 4. 《大家李九嘉斯·阿拉丁·西,歌名《 斯 罗伯·福亚 |
| CITY-ST-ZIP. | MANAGEMENT OF THE STATE OF THE | | 3.4. CITY-ST-ZIP | | 上最大學學的學學 |
| rmle | र महे स्वीत्यमध्ये हे । । । इ.त. | ☐ DELETE | 4.1 TITLE | ा । स्था श्रीताक्ष करा स्ट्रेस | Change 🔆 🖸 Addition |
| NAME . | | | 4. 2 NAME | , ' | |
| STREET ADORESS | | • | 4.3 STREET ADDRESS | | |
| OTY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TILE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | ; # | |
| STREET ADORESS | | | 5.3 STREET ADDRESS | • | • |
| CITY-ST-ZIP | PCKO | | 5.4 CITY+ST-ZIP | | |
| TILE | B(4),071 076 (24 C) / 1 | ☐ DELETE | 6.1 TITLE | • | ☐ Change ☐ Addition |
| VAME | \$25 \$ 7 m (4-2) + 9 | | 6.2 NAME | • | _ |
| STREET ADDRESS | OBA SET WEST | | 6.3 STREET ADDRESS | | |
| | | | A 4 0/70/ 07 7/10 | | |

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: SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRI

561-276-4123

7,4,00,100