
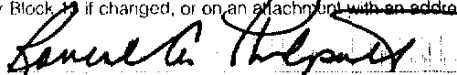


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 194351 (3)</b> 1. Corporation Name <b>BOULTON AGENCY, INC.</b>			
Principal Place of Business <b>7500 NW 25 STREET</b> <b>SUITE 200</b> <b>MIAMI FL 33122-1700</b> <b>US</b>		Mailing Address <b>7500 NW 25TH STREET</b> <b>SUITE 200</b> <b>MIAMI FL 33122-1711</b> <b>US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>07/05/1956</b>		3a. Date of Last Report <b>04/23/1996</b>	
4. FEI Number <b>59-0777858</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>PHILPOTT, ROBERT A.</b> <b>1460 NE 103 STREET</b> <b>MIAMI SHORES FL 33138</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	P PHILPOTT, ROBERT A.	<input type="checkbox"/> DELETE	
NAME	PHILPOTT, ROBERT A.		
STREET ADDRESS	1460 NE 103 STREET		
CITY-ST-ZIP	MIAMI SHORES FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	BOON, RAYMOND O.		
STREET ADDRESS	7605 SW 159 TERRACE		
CITY-ST-ZIP	MIAMI FL		
TITLE	VT	<input type="checkbox"/> DELETE	
NAME	BOON, RAYMOND O. J		
STREET ADDRESS	8500 SW 150TH TERRACE		
CITY-ST-ZIP	MIAMI FL		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	TRISTANI, ONDINA		
STREET ADDRESS	13720 SW 90TH AVENUE, #H		
CITY-ST-ZIP	MIAMI FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	TRISTANI, ODINA		
STREET ADDRESS	13720 SW 90TH AVE H		
CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Arias, Antonio M.		
1.3 STREET ADDRESS	6821 S.W. 125 Terr.		
1.4 CITY-ST-ZIP	Miami, FL. 33156		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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.			
<b>SIGNATURE:</b> 		<b>Robert A. Philpott, Pres. 4/29/97 305-592-7770</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)