

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

FILED

Apr 08 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 # 629877 (2)
1. Corporation Name
BOULEVARD TRAVEL CENTER, INC.

Principal Place of Business
4337 N OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308
US

Mailing Address
4337 N OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/18/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1935286	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISLER, ARNOLD S. 1454 POINT WAY N PALM BEACH FL 33408				81 Name SHELDON B. BUFFERD			
				82 Street Address (P.O. Box Number is Not Acceptable) 5608 PGA Boulevard			
				83			
				84 City PALM BEACH GARDENS FL 85 Zip Code 33418			

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 Sheldon B. Bufferd DATE 4/2/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHOADS, D DEAN			1.2 NAME			
STREET ADDRESS	11485 OLD HARBOUR RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISLER, ARNOLD S			2.2 NAME			
STREET ADDRESS	1454 POINT WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUFFERD, SHELDON B.			3.2 NAME			
STREET ADDRESS	5608 PGA BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS FL			3.4 CITY-ST-ZIP			
TITLE	VTSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARTAKOW, OLMA A.			4.2 NAME			
STREET ADDRESS	18 ELGIN LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Sheldon B. Bufferd 3-31-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)