SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 665553

(4)

BOYCE F. EZELL, III, P.A.

FILED
Aug 25 1997 8:00am
Secretary of State

Principal Place	of Business	Mailing Address				-	AL BURN DURN	Bidil dibil didi	
2601 SOUTH E	BAYSHORE DRIVE	2601 S BAYSHORE DR							
SUITE 1775	20	#1775	#1775			DO NOT WRITE IN THIS SPACE			
MIAMI FL 3313	13	MIAMI FL 33133 US				3. Date Incorporated or Qualified 3a. Date of Last Report			
						03/25/1980		/15/1996	-,
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26			59-1983454		No	ot Applicable	
Suite, Apt.	#, e lc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27					Fee Re		
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country		Zip Country				This corporation owes or has particular to the particular to		····	
Zip 24	25	29	30	,,		Personal Property Tax due June	-] No
	9. Name and Address of Currer		1001			10. Name and Address of New Re		Agent	
EZE	LL, BOYCE F III		[81	Name				
260	1 SOUTH BAYSHORE DRIVE		F	82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	TE 1775		1						,
MIA	MI FL 33133			83					
			t	84	City		FL	85 Zip (Code
44 Diversed t	the provisions of Spatiana CO7 DEC	2 and 607 1509 Florida State	iton tho ab	20110-1	pamed corp	oration submits this statement for the		r	te registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by t	the corporati	on's board of directors. I hereby acce	pt the app	pointment as	registered
	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registered	Agent	signature require	ed when retristating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P	☐ DELETE	1 1 TIT	LE	ĺ			Change	Addition
NAME	EZELL, BOYCE F III	I) #=	1.2 NA	ME					
STREET ADDRESS	2601 SOUTH BAYSHORE DR	IVE	1		DDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CH 2.1 TH	IY-ST-	- ZIP			Change	Addition
TITLE NAME			2.1 III 2.2 NA					C cuarile	
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP				ITY-ST					
TITLE		☐ DELETE	3.1 TIT	_				Change	Addition
NAME			3.2 NA	ME	İ				
STREET ADDRESS			3.3 STI	reet a	DORESS				
CITY-ST-ZIP				TY-ST	- ZiP			— ·	
TITLE		☐ DELETE	4.1 11)					L. Change	Addition
NAME			4.2 N/						
STREET ADDRESS					DORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CH	IY-\$1-	· ZIP			Change	Addition
NAME			5.2 NA						_
STREET ADDRESS					DORESS	•			
City-ST-ZIP				TY-51-					
TITLE	<u> </u>	☐ DELETE	6.1 TiT					Change	Addilion
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	DDRESS				
CITY-ST-ZIP	and the state of t			TY-ST-		Lin Continu 110 07(0)(0) Florida Cont. 4	on I from to -	r aprilé : 45.04	the
Informatio	n Indicated on this annual report or :	supplemental appual report is	true and a	CCUR	ate and that	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg	al effect as	s if made un	ider oath: that i
l am an of appears it	fficer or director of the corporation on Block 12 or Block 13 if changed, o	r the receiver or trustee empo ir on an atlachment with an ar	owered to e odress.) Xecu	ne this repor	t as required by Chapter 607, Florida	Siatutės; a	ind that my r	name

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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141

1. Corporation BOYCE Principal Place	F. EZELL, III, P.A.	Mailing Address				
2601 SOUTH BAYSHORE DRIVE 2601 S BAYSHORE DR 5UITE 1775 #1775 MIAMI FL 33133 MIAMI FL 33133						DO NOT WRITE IN THIS SPACE
MINMITTE COTO	•	U\$				3. Date Incorporated or Qualified 3a. Date of Last Report
						03/25/1980 05/15/1996
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1983454 Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt #, etc.				5 Cortificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
— ^{Zip}	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	т		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Manie and Address of New Registered Agent
	LL, BOYCE F III			"	Name	
	1 SO UTH BAYSHORE DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	TE 1775					
MIAI	MI FL 33133			83		
				84	City	85 Zip Code
				\perp		FL 60 210 Codd corporation submits this statement for the purpose of changing its registered
office of reagent. I an	ogistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Sta TE: Register	ed Age	tne corpo	oration's board of directors. I hereby accept the appointment as registered equired whon relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	EZELL, BOYCE F III	C) butter		NAME		C one igo C reaction
NAME	2601 SOUTH BAYSHORE DRI	VE			ADDOCCC.	
STREET ADDRESS	MIAMI FL	TL			ADDRESS	
CITY-ST-ZIP TITLE	(MPMH) I E	DELETE		CHTY-S' TITLE	1-211	☐ Change ☐ Addition
NAME				NAME		
					ADDRESS	
STREET ADDRESS				CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE		TITLE	11-211	Change Addition
NAME			ı ı	NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S	Į.	
TITLE		DELETE		TITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP			4.44	CITY-S	T-ZIP	
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME			5.24	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	·
CITY-ST-ZIP			5.4	CITY-S	I-ZIP	
TITLE		☐ DELETE		TITLE		Change Addition
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	address	
CITY-ST-ZIP			6.4	CITY-S	T-21P	
14 Ldo hereb	y certify that the information supplies	d with this filing does not qua	ify for the	е өхе	mption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the
Information I am an of appears in	n indicated on this annual report or s flicer or director of the corporation or a Block 12 or Block 13 if changed, or	supplemental annual report is the receiver or trustee emport on an attachment with as ac-	true and wered to lorss.	Sec Sec	rate and t ute this re	that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name