

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY -1 AM 10: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003249 (0)**

1. Corporation Name

**BOYKIN MIAMI REAL ESTATE COMPANY**

Principal Place of Business

**TERMINAL TOWER, SUITE 1500  
CLEVELAND OH 44113**

Mailing Address

**TERMINAL TOWER, SUITE 1500  
CLEVELAND OH 44113**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1993** 3a. Date of Last Report **08/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		<b>34-1744092</b>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	<b>FL</b>
B5	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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYKIN, ROBERT W</b>	12. NAME	<b>BOYKIN, William, J</b>
STREET ADDRESS	<b>TERMINAL TOWER, SUITE 1500</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH 44113</b>	14. CITY - ST - ZIP	
TITLE	<b>ST</b>	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEITLAND, RAYMOND</b>	22. NAME	<b>BOYKIN, CAROL, B.</b>
STREET ADDRESS	<b>TERMINAL TOWER, SUITE 1500</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH 44113</b>	24. CITY - ST - ZIP	
TITLE	<del>D</del>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BOYKIN, JOHN E</del> <i>delete</i>	32. NAME	
STREET ADDRESS	<del>TERMINAL TOWER, SUITE 1500</del>	33. STREET ADDRESS	
CITY - ST - ZIP	<del>CLEVELAND OH 44113</del>	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<b>O'Neil, Paul, A.</b>
STREET ADDRESS		43. STREET ADDRESS	<b>TERMINAL TOWER, SUITE 1500</b>
CITY - ST - ZIP		44. CITY - ST - ZIP	<b>CLEVELAND, OH 44113</b>
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or (Block 13 if I resign), or on an attachment with an address.

SIGNATURE:

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/95*

Date

*216.1241.4375*

Telephone Number