

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

| | | | |
|--------------------------------|----|---------------------|----|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | Suite, Apt. #, etc. | |
| 22 | 27 | City & State | |
| 23 | 28 | City & State | |
| 24 | 25 | 29 | 30 |
| Zip | | Country | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/15/1993 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 34-1744092 | 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 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 | | | | 10. Name and Address of New Registered Agent | | | |
| PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | FL | 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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOYKIN, WILLIAM J | 1.2 NAME | |
| STREET ADDRESS | TERMINAL TOWER, SUITE 1500 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOYKIN, CAROL B | 2.2 NAME | |
| STREET ADDRESS | TERMINAL TOWER, SUITE 1500 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'NEIL, PAUL A | 3.2 NAME | |
| STREET ADDRESS | TERMINAL TOWER, STE 1500 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 executor 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: *Paul A. O'Neil* PAUL A. O'NEIL Date: 4/26/96

CR2E034 (12/95)