


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90084 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003249

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 45 W. Prospect Ave. Suite, Apt. #, etc. 22 Guildhall Bldg., #1500 City & State 23 Cleveland, Ohio Zip 24 44115	2a. Mailing Address 26 45 W. Prospect Ave. Suite, Apt. #, etc. 27 Guildhall Bldg., #1500 City & State 28 Cleveland, Ohio Zip 29 44115	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 07/15/1993	4. FEI Number 34-1744092	Applied For <input type="checkbox"/> 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYKIN, WILLIAM J	
STREET ADDRESS	TERMINAL TOWER, SUITE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOYKIN, CAROL B	
STREET ADDRESS	TERMINAL TOWER, SUITE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'NEIL, PAUL A	
STREET ADDRESS	TERMINAL TOWER, STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boykin, William J.	
1.3 STREET ADDRESS	45 W. Prospect Ave., Guildhall Bldg. #1500	
1.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boykin, Carol B.	
2.3 STREET ADDRESS	45 W. Prospect Ave., Guildhall Bldg., #1500	
2.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'Neil, Paul A.	
3.3 STREET ADDRESS	45 W. Prospect Ave., Guildhall Bldg., #1500	
3.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
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 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, with all other like empowered.

SIGNATURE: *Paul A. O'Neil* 4/13/99 (216) 430-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/98)