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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # F9400005326 (3)

THE BOYKIN GROUP, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

50 PUBLIC SQUARE, SUITE 1500 CLEVELAND OH 44113

50 PUBLIC SQUARE, SUITE 1500 CLEVELAND OH 44113

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1994

2. Principal P	Place of Business	2a. Mailing Addres	SS :		4. FEI Number	L Ar	oplied For
21		26			34-1779121		ot Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired Sea Sequired Fee Required		
City & State City & State					6. Election Campaign Financing		May Be
28			:				to Fees
Zip	Zip Country Zip			untry	8. This corporation owes or has paid the current year Intangible		
24				Personal Property Tax due June 30. Yes No			_ ~
Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Agent	
CT CORPORATION SYSTEM				81 Name			
1200 S. PINE ISLAND RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
				83			
				84 City		85 Zip (Code
						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							
	Signature, typed or printed name of registered ager			d Agent signature requir		DATE	
12.	OFFICERS AND	DELE DELE	13.		ADDITIONS/CHANGES TO OFFICER		
NAME	BOYKIN, ROBERT W	☐ nece		1		Change	Addition
STREET ADORESS	50 PUBLIC SQUARE, #1500			AME			
ŀ	CLEVELAND OF 44113			TREET ADDRESS			
CITY-ST-ZIP TITLE	VPT VPT			ITY-ST-ZIP ITLE		Change	Addition
NAME I	HEITLAND, RAYMOND P	ID DAVIJONIO D		AME		⊥ Unarge	Addation
STREET ADDRESS	50 PUBLIC SQUARE, #1500		f	TREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH			CITY-ST-ZIP			
TITLE	VPS DELETE . 3.1		-		Change	Addition	
NAME	O'NEIL, PAUL A		I		Ontaingo		
STREET ADDRESS	EO DUDUO COLIADE		TREET ADDRESS				
CITY-ST-ZIP	CLEVELYND OR			HTY-ST-ZIP			
TITLE		☐ DELE				☐ Change	☐ AdditIon
NAME			4, 2 M	IAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 C	TY-ST-ZIP			
TITLE		☐ DELE	TE : 5.1 TI	TLE		Change	☐ Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELET	TE . 6.1 TI	TLE	<u> </u>	Change	Addition
NAME			6.2 N	AME]
STREET ADDRESS			6.3 8	reet address			
CITY-ST-ZIP		5 0 1 CT	6.4 C	TY-ST-ZIP			
14. I hereby certify that the information smolled with this filling does not qualify for the exemption stated in Section 119.07(3)(1); 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 of the receiver or trusted 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 or an attachment with an address.							