


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

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

04-22-1999 90208 034 ***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 # F94000005326

1. Corporation Name
THE BOYKIN GROUP, INC.

Principal Place of Business 50 PUBLIC SQUARE, SUITE 1500 CLEVELAND OH 44113	Mailing Address 50 PUBLIC SQUARE, SUITE 1500 CLEVELAND OH 44113
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1994	4. FEI Number 34-1779121	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		

2. Principal Place of Business 21 45 W. Prospect Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 45 W. Prospect Ave. Suite, Apt. #, etc.
22 Guildhall Bldg., #1500 City & State	27 Guildhall Bldg., #1500 City & State
23 Cleveland, Ohio Zip Country 24 44115 25 USA	28 Cleveland, Ohio Zip Country 29 44115 30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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, ROBERT W	
STREET ADDRESS	50 PUBLIC SQUARE, #1500	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HEITLAND, RAYMOND P	
STREET ADDRESS	50 PUBLIC SQUARE, #1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	O'NEIL, PAUL A	
STREET ADDRESS	50 PUBLIC SQUARE	
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, Robert W.	
1.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg	
1.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heitland, Raymond P.	
2.3 STREET ADDRESS	16846 Bardbury Ave.	
2.4 CITY-ST-ZIP	Middleburg Hts., OH 44130	
3.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'Neil, Paul A.	
3.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg.	
3.4 CITY-ST-ZIP	Cleveland, OH 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 Paul A. O'Neil, Treasurer 3/8/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)