

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90010 014 \*\*\*300.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000004058**

1. Corporation Name  
**BOYKIN MIAMI I, INC.**

Principal Place of Business  
**1500 GUILD HALL  
 45 W. PROSPECT  
 CLEVELAND OH 44115**

Mailing Address  
**1500 GUILD HALL  
 45 W. PROSPECT  
 CLEVELAND OH 44115**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/16/1998**

4. FEI Number  
**APPLIED FOR**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**A.G.C., CO.  
 SUNTRUST CENTER, STE 2300  
 200 SOUTH ORANGE AVENUE  
 ORLANDO FL 32801-3432**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, WILLIAM H	1.2 NAME	
STREET ADDRESS	45 W. PROSPECT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, CAROL B	2.2 NAME	
STREET ADDRESS	45 W. PROSPECT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, ROBERT W	3.2 NAME	
STREET ADDRESS	45 W. PROSPECT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, WILLIAM J	4.2 NAME	
STREET ADDRESS	45 W. PROSPECT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, JOHN E	5.2 NAME	
STREET ADDRESS	45 W. PROSPECT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: John E. Boykin Date: 4/21/99 Daytime Phone #: (216) 241-6375

CR2E034 (1/1/98)