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 # G60618 (7)

1. Corporation Name
RICHARD BOYD ENTERPRISES, INC.

Principal Place of Business
20820 NE 12 COURT
~~% RICHARD G. BOYD~~
N. MIAMI BEACH FL 33179

Mailing Address
20820 NE 12 COURT
~~% RICHARD G. BOYD~~
N. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified	3a. Date of Last Report
09/21/1983	01/19/1995

4. FEI Number: 59-2350842 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

BOYD LINDA G
20820 NE 12 COURT
N. MIAMI BEACH FL 33179

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BOYD, LINDA G	
STREET ADDRESS	20820 NE 12 COURT	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DV	☐ DELETE
NAME	BOYD, MATTHEW	
STREET ADDRESS	20820 NE 12 COURT	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DV	☐ DELETE
NAME	GOMES, CHARLES L	
STREET ADDRESS	~~9350 S. DIXIE HWY, STE. 950~~	
CITY-ST-ZIP	MIAMI FL ~~33156~~	
TITLE	DV	☐ DELETE
NAME	BOYD, EBEN A	
STREET ADDRESS	20820 NE 12 CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	10719 SW 104 ST	
3.4 CITY-ST-ZIP	33176	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(x), 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.

SIGNATURE: C L Gomes — 5/23/96 — 305 596-2215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES L GOMES