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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J69334		
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(7)

S.M. OF BOYNTON BEACH CORP.

Principal Place of Business Mailing Address WALL SHOP #7 5730 NE 20TH TERRACE 3200 N. FEDERAL HIGHWAY 3200 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 FT. LAUDERDALE FL 33308-2429 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1996 04/24/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0002498 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζıρ 8. This corporation has liability for Intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PIERRE, ROGER **5730 NW 20TH TERR.Y** Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84

SIGNATURE	Signature, typical or purited name of registered agont and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstati∩o) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVT DELETE	1.1 TITLE	Change Addition
NAME	PIERRE, ROGER	1.2 NAME	
STREET ADDRESS	5730 NE 20TH TERR.	1.3 STREET ADDRESS	
CITY-S1-7(P	ft. lauderdale fl	1.4 CITY - ST - ZIP	
10LF	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-7IP		2 4 CITY-ST-ZIP	
10LF	DELETE	3.1 TITLE	Change Additio
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CHTV - \$1 - 7/2		3 4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-7IP		4.4 City-St-ZIP	
TITLE	☐ DELETE	51 TITLE	Change Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-7iP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 THTLE	Change Additio
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
Cliv+\$1+719		6 4 CFTY+ST-ZIP	

14. I do 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

SIGNATURE:

954-776-0450

FILED

Mar 11 1997 8:00am

Secretary of State

Applied For

Zip Code

Not Applicable