

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76117

(7)

1. Corporation Name

BOYNTON MICHAEL REALTY, INC.



Principal Place of Business

% MICHAEL DELUCA
1115 N. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address

% MICHAEL DELUCA
1115 N. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

2. Principal Place of Business

21 1115 N. Federal Hwy

Suite, Apt. #, etc.

22 Boynton Beach FL

City & State

23 33435

Zip

24 Country

25 PBC

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28

Zip

29 Country

30

3. Date Incorporated or Qualified

05/29/1987

3a. Date of Last Report

01/23/1995

4. FET Number

59-2827098

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

DELUCA, MICHAEL
1115 N. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

Same

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

Michael Deluca

2-7-96

Signature of Registered Agent

Signature of Agent Submitting Report

Date

12. OFFICERS AND DIRECTORS

TITLE

STD
NAME
DELUCA, MICHAEL
STREET ADDRESS
1115 N. FEDERAL HWY.
CITY-STATE-ZIP
BOYNTON BEACH FL

DELETE

TITLE

PD
NAME
DELUCA, MICHAEL
STREET ADDRESS
1115 N. FEDERAL HWY.
CITY-STATE-ZIP
BOYNTON BEACH FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Deluca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 407-734-8866

CR2E034 (12/95)