

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K10527 (5)

1. Corporation Name
KEVAN BOYLES & ASSOCIATES, P.A.



Principal Place of Business
%KEVAN BOYLES
4475 MEDICAL CENTER WAY
WEST PALM BEACH FL 33407
US

Mailing Address
%KEVAN BOYLES
4475 MEDICAL CTR. WAY
WEST PALM BEACH FL 33407
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1987

4. FEI Number
65-0017289

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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 % Kevan Boyles
Suite, Apt. #, etc.
22 350 Royal Palm Way, #405
City & State
23 Palm Beach, FL
Zip
24 33480
Country
25 US

2a. Mailing Address

26 % Kevan Boyles
Suite, Apt. #, etc.
27 350 Royal Palm Way, #405
City & State
28 Palm Beach, FL
Zip
29 33480
Country
30 US

9. Name and Address of Current Registered Agent

BOYLES, KEVAN
4475 MEDICAL CENTER WAY
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name Boyles, Kevan
82 Street Address (P.O. Box Number is Not Acceptable)
83 350 Royal Palm Way, #405
84 City Palm Beach FL 85 Zip Code 33480

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	BOYLES, KEVAN K	
STREET ADDRESS	4475 MEDICAL CENTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOYLES, KEVAN K	
STREET ADDRESS	4475 MEDICAL CENTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boyles, Kevan K.	
1.3 STREET ADDRESS	350 Royal Palm Way, #405	
1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boyles, Kevan K.	
2.3 STREET ADDRESS	350 Royal Palm Way, #405	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE Kevan Boyles 1-7-98 Tel-833-7477

CR2E034 (10/97)