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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # L53285



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90076 030 ***150.00



SJ BOYNTON, INC.						4 100 to			
Principal Place	e of Business	Mailing Address				-	IQI BIHA BIBAL CI	JOH BIBUT BEBEL DIA	JIH BIBH IBBI
C/O SAKKIO/S		C/O SAKKIO/SAKURA JAPAI	N						
95 ROYAL CRE		95 ROYAL CREST CT. UNIT 5					22.05		
MARKHAM. ONT. CANADA L3R 9X5		MARKHAM. ONT. CANADA L3R 9X5			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
		O Marillan Address				02/22/1990 4. FEI Number	_	- Apr	lied For
— ·	lace of Business	2a. Mailing Address				65-0177007		 	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				050117001		\$8.75 A	
—	#, 6tC.	27				5. Certifcate of Status Desired		Fee Rec	
22 City & Stat	е	City & State	٠.		*	6. Election Campaign Financing	- 1	\$5.00 N	vlav Be
23	- .	28	7.			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Int	angible	
24	25	29	30			Personal Property Tax.		☐ Yes 1	□No
	9. Name and Address of Current					10. Name and Address of New F	Registered	Agent	
0110			Ì	81	Name				
	MPOONICH, EDDY		-	82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
	3 NW 13TH STREET								
PEM	Broke Pines FL 33026			83					
		•.		84	City			85 Zip C	ode
							FL	, <u> </u>	rapistared .
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statute:	s, the at thorized	bove- I bv ti	-named corpor he corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose or ot the appoi	cnanging its r ntment as reg	istered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obligations.	ions of Section 607 6505, Flori	da Statu	ıtes.	·	2.		-96	ا د
SIGNATURE		' <i>'</i>			СНОМРОС		DATE		<u> </u>
12.	Signature, typed or printed name of equipment agent		13.	Agent	signature required	ADDITIONS/CHANGES TO OF		ID DIRECTOR	RS IN 12
TITLE	DP OF FIGURE AND	DELETE DELETE	1,1 111	π£	1	ADDITIONAL PRIVATE OF CO.		Change	Addition
NAME	CHOMPOONICH, EDDY	<u> </u>	1.2 NA					•	
STREET ADDRESS	11803 NW 13TH ST.				ADDRESS				}
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST-	1				
TITLE	VSD							☐ Change	☐ Addition
NAME	CHIM, DANIEL		2.2 NA		1				
STREET ADDRESS	16 PERDUE CT		2.2 104	WE	,				
CITY-ST-ZIP					ADDRESS				
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	MARKHAM ON	DELETE TO	2.3 ST	REET #				Change	☐ Addition
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		DELETE TO	2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI	REET / ITY-ST ILE VME	ADORESS			☐ Change	
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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 of 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:

SICHERE REQUIDANTEL CHIM
SIGNATURE AND TYPED OR BUTTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 05,99

905-474-0710