

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M83758** (6)

1. Corporation Name
BOYER REALTY GROUP, INC.



Principal Place of Business: **C/O PHILIP H. WARD, III
1555 PALM BEACH LAKES BLVD., STE. 1000
WEST PALM BEACH FL 33401**

Mailing Address: **C/O PHILIP H. WARD, III
1555 PALM BEACH LAKES BLVD., STE. 1000
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **06/03/1988** 3a. Date of Last Report: **04/28/1995**

4. FEI Number: **65-0052460** 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 **4400 PGA BLVD** 2a. Mailing Address: 26 **4400 PGA BLVD**

Suite, Apt. #, etc.: 22 **734** Suite, Apt. #, etc.: 27 **734**

City & State: 23 **PLM BCH GDNS FL** City & State: 28 **PLM BCH GDNS FL**

Zip: 24 **33410** Country: 25 **PLM BCH** Zip: 29 **33410** Country: 30 **PLM BCH**

9. Name and Address of Current Registered Agent: **WARD, PHILIP H., III
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH FL 33401**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPVP <input type="checkbox"/> DELETE	NAME: BOYER, ANITA F.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: 4400 PGA BLVD
STREET ADDRESS: 2655 N. OCEAN DR.-BOX 12	CITY-STATE-ZIP: SINGER ISLAND FL	1.3 STREET ADDRESS: PLM BCH GDNS FL	1.4 CITY-STATE-ZIP: 33410
TITLE: <input type="checkbox"/> DELETE	NAME: _____	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	2.3 STREET ADDRESS: _____	2.4 CITY-STATE-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	3.3 STREET ADDRESS: _____	3.4 CITY-STATE-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	4.3 STREET ADDRESS: _____	4.4 CITY-STATE-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	5.3 STREET ADDRESS: _____	5.4 CITY-STATE-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	6.3 STREET ADDRESS: _____	6.4 CITY-STATE-ZIP: _____

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)(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: *Anita F. Boyer* **ANITA F. BOYER** 4/16/96 407-627-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)