

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 9: 55



B/K 9/24/96

DOCUMENT # M95499 (3)

1. Corporation Name
BOYNTON/PALM BEACH HARBOR CORP.

Principal Place of Business Mailing Address
% EASTLAND DEVELOPMENT CORP.
9873 LAWRENCE RD L101
BOYNTON BEACH FL 33436

2. Principal Place of Business 2a. Mailing Address
21 **5200 Town Center Circle** 26 **5200 Town Center Circle**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Boca Raton, FL **Boca Raton, FL**
Zip Country Zip Country
24 **33486** 25 **USA** 29 **33486** 30 **USA**

3. Date Incorporated or Qualified **08/23/1988** 3a. Date of Last Report **03/31/1995**
4. FEI Number **65-0067064** 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

9. Name and Address of Current Registered Agent
JOHN CHAPPELEAR
% EASTLAND DEVELOPMENT
9873 LAWRENCE RD L101
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
81 Name **Bernard Zimmerman**
82 Street Address (P.O. Box Number is Not Acceptable) **c/o Eastland**
83 **5200 Town Center Circle**
84 City **Boca Raton** FL 85 Zip Code **33486**

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 *BZ*
Signature of person transferring ownership and the agent

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, BERNARD	
STREET ADDRESS	9873 LAWRENCE RD L101	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPPELEAR, JOHN	
STREET ADDRESS	9873 LAWRENCE RD L101	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MANDEL, NEWTON	
STREET ADDRESS	9873 LAWRENCE RE L101	
CITY-ST-ZIP	BOYNTON BEACH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5200 Town Center Circle
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5200 Town Center Circle
2.4 CITY-ST-ZIP	Boca Raton, FL 33486
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5200 Town Center Circle
3.4 CITY-ST-ZIP	Boca Raton, FL 33486
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900001982433
4.4 CITY-ST-ZIP	-10/02/96--01023--003
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	****225.00 ****225.00
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 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: *BZ*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)