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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001363

1. Corporation Name

BOYNTON BEACH LIONS ACTIVITIES, INC.

Principal Place of Business
306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

Mailing Address
306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/22/1993	4. FEI Number 65-0402485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROMKO, DONALD J
~~306 E. BOYNTON BEACH~~
BOYNTON BEACH FL 33435

2424 N. FEDERAL HWY #205

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>WEEKS, LLOYD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, LLOYD	1.2 NAME	
STREET ADDRESS	413 S.E. 4TH ST.	1.3 STREET ADDRESS	<i>4251 Old Boynton Rd</i>
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	<i>BOYNTON B. FL 33436</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, STANLEY	2.2 NAME	<i>4662 LOTUS WAY</i>
STREET ADDRESS	9400 S. MILITARY TR.	2.3 STREET ADDRESS	<i>BOYNTON BEACH FL 33436-2931</i>
CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT COLLIER	3.2 NAME	
STREET ADDRESS	1381 S.W. 27TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROMKO, DONALD J	4.2 NAME	<i>2424 N. FEDERAL HWY #205</i>
STREET ADDRESS	306 E. BOYNTON BEACH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS P. HOWELL	5.2 NAME	
STREET ADDRESS	59 SPANISH RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Jan 99 (561) 732-6567

CR2E037 (1/98)