

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90012 003 ***158.75

DOCUMENT # P38257

1. Corporation Name

BOYKEN INTERNATIONAL, INC.

Principal Place of Business

8800 ROSWELL RD., SUITE 270
ATLANTA GA 30346
US

Mailing Address

8800 ROSWELL RD
STE 270
ATLANTA GA 30346
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1992

4. FEI Number

58-1418831

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **6700 Korum Drive**

Suite, Apt. #, etc.

22 **Suite 110**

City & State

23 **Orlando, Florida**

Zip

24 **32821**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 **30860**

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 **PCD** ☐ DELETE
NAME **BOYKEN, DONALD R**
STREET ADDRESS **535 AVIGNON COURT**
CITY-ST-ZIP **DUNWOODY GA 30350**

TITLE **VD** ☐ DELETE
NAME **LEBAR, TIMOTHY B**
STREET ADDRESS **13105 LAKE BUTLER DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **S** ☐ DELETE
NAME **ORNDORFF, CAROL**
STREET ADDRESS **1438 HAMPTON GLEN CT**
CITY-ST-ZIP **DECATUR GA**

TITLE **TD** ☐ DELETE
NAME **HARRISON, JIM**
STREET ADDRESS **5525 KENNEMORE DR.**
CITY-ST-ZIP **ALPHARETTA GA 30004**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
James A. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/99

Date

(770) 992-1489

Daytime Phone #

CR25034 (11/98)