## SECOND, NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. RMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048067 (1)

FLIP'S OF BOYNTON, INC.

Mailing Address

Principal Place of Business

ton the same of th

97 JUL 25 AM 10: 30

SECRETARY OF STATE TALLAHASSEF FLORIDA



| FLIPS OF BOYNTON<br>9812 N MILITARY TRAIL<br>BOYNTON BEACH FL 33436<br>US   | FLIPS OF BOYNTON<br>6600 B WEST ATLANTIC A<br>DELRAY BEACH FL 33446<br>US | 6800 B WEST ATLANTIC AVE<br>DELRAY BEACH FL 33446 |               | 3. Date Incorporated or Qualified              | IN THIS SPACE  3e. Date of Last Report  |
|---|---|---|---------------|--|---|
|   |   |   |               | 07/09/1993                                     | 06/27/1996                              |
| 2. Principal Place of Business  | 2a. Mailing Address   | 28. Mailing Address<br>26 0790 E. Roberts Chue    |               | 4. FEI Number                                  | Applied For                             |
| 21  | 26 V170 E. NOOT   | 126 VITO E. NOBERS CIRCLE                         |               | 65-0423351                                     | Not Applicable                          |
| Suite, Apt. #, etc.   | ——————————————————————————————————————                                    | ——————————————————————————————————————            |               | 5. Certificate of Status Desired               | \$8.75 Additional                       |
| 22  | 27  |   |               |  | Fee Required                            |
| City & State  | City & Stafe  | Kan Karal E                                       |               | 6. Election Campaign Financing                 | \$5.00 May Be                           |
| 23  | 28 BOCA KATON,  | FL  |               | Trust Fund Contribution                        | Added to Fees                           |
| Zip Country   | Zip   | _ Country   |               | 8. This corporation owes or has pa             |   |
| 24 25   | 29 33467 30   | 0   |               | Personal Property Tax due June                 |   |
|   | of Current Registered Agent   | 81  |               | 10. Name and Address of New Re                 | gistered Agent                          |
| GACHE, RONALD   |   |   |               |  |   |
| 400 AUSTRALIAN AVE. SOUTH   |   | 82  | Street .      | Address (P.O. Box Number is Not Accepted       | (a)                                     |
| SUITE 500   |   |   |               | Address (P.O. Box Number is Not Accepted       | 97 01004 013                            |
| WEST PALM BEACH FL 33401  |   | 83  |               | ****165  | 5.00 ****165.00                         |
|   |   | 84  | City          | कर्कका १०३                                     | · , , , , , , , , , , , , , , , , , , , |
|   |   | 64  | 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  DATE  |   |   |               |  |   |
|   | ICERS AND DIRECTORS   | 13.   | III signatore | ADDITIONS/CHANGES TO OFFIC                     |   |
| TITLE P   | DELETE  | 1.5 TITLE   |               | ADDITIONO, OTTAINED TO OTTAIN                  | Change Addition                         |
| NAME LANDAU, PHILIP C   | <del></del> ·· · ·-   | 1.2 NAME  |               |  | <b>A</b> 37                             |
| l   |   | 1.3 STREET  | *DDDF00       | LABO E POLEN CULATE                            | 1:                                      |
|   | <del>-</del> ·  | ľ   | ADDHE22       | 6790 E ROBERS CILCLE<br>BOCA RATION, FL 33487  |   |
| CITY-ST-ZIP DELRAY BEACH FL   | DELETE  | 1.4 CITY - S                                      | T-ZIP         | DUCH THION, PC 33401                           | Change Addition                         |
|   | <del>-</del>  | 2.1 TITLE   |               |  | Change ∟ Addition                       |
|   |   | 22 NAMÉ   |               | 6790 E. ROBERS CHECLE<br>BOCA RATON, FL 33467  |   |
| ***************************************   |   | 2.3 STREET  | ADDRESS       | 18170 E NOOEKS CIRCLE                          | ļ                                       |
| CITY-ST-ZIP DELRAY BEACH FL   |   | 2 4 CITY-S  | T-ZIP         | 10004 11110N, PL 33401                         |   |
| TITLE   | ☐ DELETE  | 3 1 TITLE   |               |  | Change Addition                         |
| NAME  |   | 3 2 NAME  |               |  | ţ                                       |
| STREET ADORESS  |   | 3.3 STREET  | address       |  |   |
| CITY-ST-ZIP   |   | 3.4. CITY - S                                     | 1-ZIP         |  | :                                       |
| TITLE   | ☐ DELETE  | 4.1 TITLE   |               |  | ☐ Change ☐ Addition                     |
| NAME  |   | 4. 2 NAME   |               |  |   |
| STREET ADDRESS  |   | 4.3 STREET  | ADDRESS       |  |   |
| CITY-ST-ZIP   |   | 4.4 CITY-S  | Γ- ZIP        |  |   |
| TITLE   | ☐ DELETE  | 5.1 TITLE   |               |  | Change Addition                         |
| NAME  |   | 5.2 NAME  |               |  |   |
| STREET ADDRESS  |   | 5.3 STREET  | ADDRESS       |  |   |
| CITY-ST-ZIP   |   | 5.4 CITY - ST                                     |               |  |   |
| TITLE   | DELETE  | 6.1 TITLE   | 1 - Z IF      |  | Change Addition                         |
| NAME  | based or system to  | 6.2 NAME  |               |  |   |
|   |   |   | ADDRESS       |  |   |
| STREET ADDRESS  | •   | 6.3 STREET  |               |  |   |
| 14. I do hereby certify that the information  | on supplied with this filing does not qualify to                          | 6.4 CITY-S  |               | lated in Section 119 07(3Vi). Florida Statutes | I further cortify that the              |

I do need by certify that the information supplied with this steing does not quality 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.

6790 East Rogers Cirde Boca Raton, Rorida 33487 (561)988-1262 fax 988-1264

July 21, 1997

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom it May Concern:

Per my conversation with Tracy today, please find our check for \$165.00 for the 1997 Profit Corporation Annual Report, enclosed.

We never received the "first" notice and called immediately when we received a "second" notice.

PLEASE NOTE OUR CHANGE OF ADDRESS ON THE REPORT.

Respectfully,

Philip Landau President