

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

FILED

Jan 22 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000059445 (5)

1. Corporation Name

BOYNTON BEACH FINANCIAL CORP.



Principal Place of Business

~~1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH FL 33435~~

Mailing Address

~~1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH FL 33426-6654~~

2. Principal Place of Business

21 **555 N. Congress Ave.**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **Boynton Beach, FL**

Zip

24 **33426**

Country

25 **USA**

2a. Mailing Address

26 **555 N. Congress Ave.**

Suite, Apt. #, etc.

27 **Suite 200**

City & State

28 **Boynton Beach, FL**

Zip

29 **33426**

Country

30 **USA**

9. Name and Address of Current Registered Agent

~~COSTA, ARCHIE
1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH FL 33435~~

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

08/08/1996

4. FEI Number

65-0443533

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

10. Name and Address of New Registered Agent

81 Name

Archie Costa

82 Street Address (P.O. Box Number is Not Acceptable)

555 North Congress Ave.

83

Suite 200

84 City

Boynton Beach

FL

85 Zip Code

33426

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 **Archie Costa**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **COSTA, ARCHIE**
STREET ADDRESS **1501 CORPORATE DR., SUITE 200**
CITY - ST - ZIP **BOYNTON BEACH FL 33435**

TITLE ~~**DVT**~~ ☒ DELETE

NAME ~~**KELLEY, CLIFFORD N**~~
STREET ADDRESS ~~**1501 CORPORATE DR., SUITE 200**~~
CITY - ST - ZIP ~~**BOYNTON BEACH FL 33435**~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 do 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.

SIGNATURE: **Archie Costa** *Archie Costa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 (561)731-1717

Date Daytime Phone #

CR2E034 (9/96)