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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #	P93000059534	(6)
Corporation Name	1 0000000000	10

1. Corporation	MENT# P93(DDA/BOULTON, INC.	JUUUS	9534 (6))						
Principal Place of Business Mailing Address						- 1 468 ABBI 110 1840 (184 88 AB		JI QURAB ABARA QUI		
5915 PONCE DE LEON BLVD SUITE 60		5915 PONCE DE LEON BLVD SUITE 60 CORAL GABLES FL 33146				Date Incorporated or Qualified	3a. D	ate of Last R	leport	
							08/25/1993		06/14/19	
	face of Business	1	Mailing Address				4. FEI Number		·	Applied For
21		26	Colle Act & cto				NOT APPLICABLE			Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				Certificate of Status Desired			Additional Required
City & Staf	е		City & State				6. Election Campaign Financing		\$5.0	May Be
23		28					Trust Fund Contribution			d to Fees
Ζη. 24	Country 25	29	Zφ	30 Co	untry		8. This corporation has liability for Florida Statutes	r intangible s □No		199.032,
[24]	9, Name and Address of Co		ered Agent	[30]	1		10. Name and Address of New			
					81	Name				
BENDE	ER, HARRY K				82	Street Add	Iress (P.O. Box Number is Not Accepta	able)	·	
5915 P	PONCE DE LEON BLVD									
SUITE					83					
CORAL	CORAL GABLES FL 33146			84	84 Crty El 85 Zip Code					
11. Pursuant or registe familiar w SiGNATURE	to the provisions of Sections 607, and agent, or both, in the State of pith, and accept the obligations of, Signature, by other piece are now of registerer	Florida Such Section 607.0	change was author 0505, Florida Statute	ized by the es.	corp	oration's boa	ration submits this statement for the p ard of directors. I hereby accept the ap	urpose of oppointment	as registered	registered office 3 agent. I am
12.	OF HICERS	S AND DIREC	IORS	13			ADDITIONS/CHANGES TO OF	FICERS A	<u></u>	
TILE	D		☐ DELETE		TITLE	ļ			Change	Addition
NAM:	BENDER, HARRY K	DIVE CHIT	- en		NAME					
STREET ADDRESS CHY-ST-ZiP	5915 PONCE DE LEON CORAL GABLES FL 331		: 00			T ADDRESS ST-ZIP				
JULE STEE	C	70	DELETE		TITLE	2			☐ Change	Addition
NAML.	BOULTON, FRANK G.			2.2	NAME					
STHEET ADDRESS	3217 NOTTINGHAM LAN	ΙE		23	STREET	1 ADDRESS				
CRY+ST-ZIP	COCOA FL		Doney			ST-ZIP		<u>.</u> .	Change	Addition
TIFLE	P CHINODA LAWDENCE	,	DEFETE		TITLE				☐ Change	☐ Addition
NAME STREET ADORESS	SHINODA, LAWRENCE I		=		NAME	T ADDRESS				
CHY-S1-7IP	LIVONIA MI	I AIN DINI	-			ST - ZIP				
Total			☐ DELETE		TITLE				Change	☐ Addition
NAME				42	NAME					
SERELL ADDRESS				43	STHEE	r address				•
CITY - S* - Z-2						SI - 7/P				T Arm.
11'LE			DELETE		TITLE				☐ Change	☐ Addition
NAME					NAME.					
STREET ADDRESS				5 3	STREE	T ADDRESS				

64 CITY - ST - ZIP 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 an attachment with an address.

5.4 CITY-S1-ZIP

62 NAME

6 1 TIFLE

6.3 STREET ADDRESS

SIGNATURE: _

CUTY - ST - ZIP

STREET ADDRESS

1016

NAM

ING OFFICER OR DIRECTOR

DELETE

400001742554m Addition -03/14/96--01012--004 ***200.00

CR2E034 (12/95)