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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400025775 (5) FLORIDA BOYNTON INVESTMENTS, INC.							
Principal Plac		Mailing Address 160 OLD STATE RD BALLWIN MO 63021-5915			, , , , , , , , , , , , , , , , , , , ,		
1065 BARCAP NAPLES FL 3							
US		US			DO NOT WRITE IN THIS	SPACE	
					 Date Incorporated or Qualified 04/05/1994 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	6		65-0492616	Not Applicab	ole
Suite, Apt					5. Certificate of Status Desired	\$8.75 Additional	
22	27					Fee Required	
City & State	<u> </u>				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	-
23 Zip	Country	28 Z _{(p}	Country	 -	8. This corporation owes or has paid the cu		
24	25	29	30			Yes No	1
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	Agent	
	MSTRONG, ROBERT N		81	Name			
1075 FOXFIRE LANE, UNIT 208 NAPLES FL 33942				Street A	ddress (P.O. Box Number is Not Acceptable)		7
							႕
			83				_
			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 roffice 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 reagent. I am lamifly with, and accept the objection 607.0505, Florida Statutes.							id
SIGNATURE	Follow I / ll	the the					_
12.	Signature: typed or proted name of regulation assect OFFICERS AND		13.	ont signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	\dashv
TITLE	D	☐ DELETE	1,1 TITLE		7.537110100111110211011111	☐ Change ☐ Addition	on
NAME	ARMSTRONG, ROBERT N		1.2 NAME	ļ			[:
STREET ADDRESS	1075 FOXFIRE LANE, UNIT 208	3	1.3 STHEET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942	The sec	1.4 CITY - S	IT-ZIP			4
TITLE		∐ DELETE	2.1 THILE			Change Addition	'ן מס
NAME			2.2 NAME 2.3 STREET	E ADDOCCO			l
STREET ADDRESS CITY+ST-ZIP			2.3 STREET	ľ			
TITLE		DELETE	3.1 TITLE	31-211		Change Addition	on
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			1
CITY - ST - ZIP			3.4. CITY-	ST-ZIP			_
TITLE		DELETE	4.1 TITLE	}		Change Addition	อก
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	i i			- [
CITY-ST-ZIP TITLE	DELETE		4.4 CiTY-5 5.1 TiTLE	J1-ZH		Change Addition	on
NAME		house or more the	5.2 NAME	}			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City - S	ST - ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	on
NAME			6.2 NAME				- (
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		11.	5.4 CITY - S		Jin Continu 110 07/3/6\ Florido Statutos I further o		_

4. 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 60, or on an attachment with an address.

SIGNATURE: Kabel //augli

4/30/98

FILED

May 20 1998 8:00am

Secretary of State