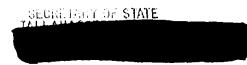
Mailing Address

1850 OKEECHOBEE BLVD.

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 99 JAN 25 PM 4: 09



W	EST PALM BEACH FL 33409	W	WEST PALM BEACH FL 33409		DO NOT WRITE IN THIS SPACE				
i						,	ste Incorporated or Qualifed 6/19/1995		
2.	Principal Place of Business	2a.	, Malling Address			4, F	El Number		Applied For
21		26				_	5-0596671	[]	Not Applicable
22	~¬		Suite, Apt. #, etc.		5, C	ertifcate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	& State City & State							.00 May Be Ided to Fees
24	Zip Country 25	29	Zip Co	ountry		1	nis corporation owes the current year larsonal Property Tax.	Intangible Ye	_
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	COOKS, RICHARD M			81	Name				
1949 SANSBURY'S WAY			B2	Street Address (P.O. Box Number is Not Acceptable)					
	W. PALM BEACH FL 33411			83					
				84	City		F	L 85	Zip Code
11	Pursuant to the provisions of Sections 607.0	502 and 6	07.1508 Florida Statutes the	above	a-named corno	oration si	ibmits this statement for the nurpose	of changi	no 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		*			
12		Registered Agent signature			
12.	OFFICERS AND DIRECTORS DIPLETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PAddition
]	•	1.1 TITLE	- 1 C	Leg-Change	[Agodion
NAME	-CROOKS, RICHARD M	1.2 NAME	JOHN B. VERRY	-1/	
STREET ADDRESS	,	1.3 STREET ADORESS	12202 GUEN LREE	么,	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	John A. PERRY. 2202 ALLEN TREE Wost Palm Beach,	76 35	4//
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME	1		
STREET ADDRESS		23 STREET ADDRESS]		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u></u>		
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		32 NAME	1		
STREET ADDRESS		3.3 STREET ADORESS			
CITY-ST-ZIP		34. CITY-ST-ZIP	ļ		
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADORESS			
CITY-ST-ZIP		4.4 City-St-ZiP			
TITLE	DELETE	51 TITLE		Change	☐ Addition
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		Change	Addition
NAME		6.2 NAME	10000275	4351	0
STREET ADDRESS		6.3 STREET ADDRESS			
			j		

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 suppliemental 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 receipter 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:



ACCOUNT NO. : 072100000032

REFERENCE

111178

7112055

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: January 25, 1999

ORDER TIME : 2:55 PM

ORDER NO. : 111178-005

CUSTOMER NO: 7112055

CUSTOMER: Mr. Richard M. Crooks

Richard M. Crooks

1850 Okeechobee Boulevard

West Palm Beach, FL 33409

ANNUAL REPORT FILING

NAME: BOY

BOYNTON 433, INC.

RESUBINITY

Please give original

submission date as file date

XX	ANNUAL	DDDDDDD
**	AMMINIA	K P. PLJK I

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

99 JULY 25 PH GEL