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 #

P95000093358 (6)

FILED Feb 04 1998 8:00am Secretary of State

BOSTON PUB, INC.			
Principal Place of Business	Mailing Address		
2083 N POWERLINE RD	2083 N POWERLINE RD		
POMPANO BEACH FL 33064	POMPANO BEACH FL 330)64	DO MOT HIDITE IN THE SPACE
			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			,
2. Principal Place of Business	2a. Mailing Address		12/08/1995 4. FEI Number Applied For
21	26		65-0633481 Not Applicat
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 9. Name and Address of Curren	29 30	<u> </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	ir uodiereien vileiri	81 Name	10, Name and Address of New Registered Agent
HOWARD, DEBORAH			
2220 N.W. 41ST TERRACE COCONUT CREEK FL 33066		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
COCONOT CREEK PL 33000		83	
		84 City	FL 85 Zip Code
SIGNATURE Signalive, typed or printed name of registered age 12. OFFICERS ANI TITLE NAME STREET ADDRESS A 2 2 0 NW 414	D DIRECTORS	egistered Agent's gnature re 13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 2220 NW 412 CITY-ST-ZIP COCONUT CREE	TERRACE K FL 38064	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VICE PRES	L DELETE I	2.1 TITLE	Change Addition
NAME NAMBON A. LEH	WER	2 2 NAME	
STREET ADDRESS 12220 NW 4/7	75 KK	2.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CK.	FL 33066	2. 4 CITY - ST - ZIP	
TITLE PIRECTOR	☐ DELETE	3 1 TITLE	Change Addition
NAME SHARON A. LE	HNBR MTERR	3.2 NAME	
STREET ADDRESS 2220 NW 41		3.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CK	FL 33066	3.4. CITY - ST - ZIP	
TRESURER.	[_] DELETE	4.1 TITLE	Change Addition
NAME QHARON A LE	MN5	4. 2 NAME	
STREET ADDRESS 3220 NW 41 CITY-ST-ZIP COCONUT CK	I ERK	4.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CK	TL 55066	4.4 CITY - ST - ZIP	
TITLE SEC	DELETE DELETE	5.1 TITLE	L Change Addition
NAME STREET ADDRESS 3220 WW L	THEPD	5.2 NAME	
	16/ 55//	5.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CK	I DELETE	5.4 C(TY - \$1 - ZIP	Change Addition
		6.1 111LF	
NAME CTREET ADDRESS		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	ith this filing does not quality for the	64 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplementa officer or director of the corporation of the rece Block 12 or Block 13 if change, or an attack	il anrual report is true and accura siver or trustee empowered to exe chment with an address.	te and that my signaticule this report is re	alure shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in