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

Mailing Address

4175 EAST BAY DRIVE SUITE 215

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4175 EAST BAY DRIVE

SIGNATURE

SHITE 215



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044119 (1)

SUE BOYES & ASSOCIATES, INC.

CLEARWATER	R FL 34624		CLEARWATER FL 34824-6977						·	
						3. Date Incorporated or Qualified 05/23/1996	3a. Dat	te of Last Re	eport	
Principal Place of Business Total			2a. Mailing Address 26			4. FEI Number 59-338-5489	9-338-5489 Not Applicable			
Suite, Ap	ol #, elc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sti 23	ate		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees				
Zip 24	Country Zip Cou					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
R/	YES, SUE			8	Name					
4175 EAST BAY DRIVE						82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 215					Street Address (F.O. Box Number is Not Acceptable)					
	EARWATER I	FL 34624		8	3					
-				8	4 City			85 Zip (Code	
				•	City		FL	63 240 (Louie	
11. Pursuar	nt to the provisi	ons of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ve-named co	orporation submits this statement for the	purpose of	changing it	s registered	
office o agent I	r registered ag La m familiac<i>y</i>	ent, or both, in the Stat th, and accept the obli	gations of Section 607.0505. F	autnorized i Iorida Statut	oy trie corpoi 8s.	ration's board of directors. I hereby acce				
SIGNATUR	($)$	FATO		BOYES			7	4/12/0	77	
SIGNATORE			gent and hits if applicable (NO	TE: Registered A	gent signature rec	quired when reinstating)	DATE			
12.	··· •	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	-		
TITLE	PTD		L DELETE	1,1 TITLE	1			Change	Addition	
NAMÉ	BOYES, S			1.2 NAM	1					
STREET ADDRESS		ST BAY DRIVE #215			ET ADDRESS					
CITY - S1 - 7(P		ATER FL 34624	DELETE	1.4 CITY				Change	Addition	
TITLE	SD DOVE O	AMI 1 342	mtreit	2.1 TITLE				LJ Change	[] Addition	
NAME	BOYES, V			2.2 NAM						
STREET ADDRES		st bay drive #215 Ater FL 34624			ET ADORESS					
CHY-ST-ZIP TITLE	ULCARM	TIEN IL 04024	DELETE	2. 4 CITY 3.1 TITLE				Change	Addition	
NAME				3.2 NAM						
	.,				ET ADORESS					
STREET ADDRES	13				-\$T-ZIP					
CHY-ST-ZIP TITLE			DELETE	4.1 TITLE		,		Change	Addition	
NAME			_	4.2 NAM						
STREET ADDRES	35			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY	-S1-ZIP					
TITLE			☐ DELETE	5 t TiTLE				Change	Addition	
NAME				5.2 NAM	E					
STREET ADDRES	is l			5.3 STRE	ET ADDRESS					
C(11Y+S1+2/P				5.4 CITY	- ST- ZIP					
TITLE	,,,,		DELETE	6.1 TITLE	;			Change	Addition	
NAME				6.2 NAM	E					
STREET ADDRES	38			6.3 STRE	E1 ADDRESS					
CITY-S1-ZiP				6.4 CITY						
14. I do he	reby certify tha	t the information suppl	ied with this filing does not qua	lify for the ex	kemption sta	ted in Section 119.07(3)(i), Florida Statut hat my signature shall have the same leg	es. I further al effect es	certify that	the ider path: that	
l lamlar	n officer or dire	ctor of the corporation	r supplemental allinual report is or the receiver or trustee empo or on an attachment with an ac	wered to ex	ecute this rep	port as required by Chapter 607, Florida	Statutes; as	nd that my r	name	

SUE E. BOYES