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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

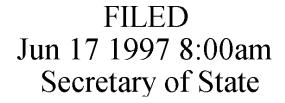
Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

1997

DOCUMENT # P96000062241 (0)

C. J. BOYLE, INC.



Principal Place 726 NORTHSH DEERFIELD BE			Address HSHORE DRIVE D BEACH FL 33							
					_		3. Date Incorporated or Qualified 07/23/1996	3a. D	ate of Last F	Report
2. Principal F 21	Place of Business	2a. Mailii 26	2a. Mailing Address 26 Suite, Apt. #, etc. 27				4. FEI Number 55-0-88 271		-	oplied For ot Applicable
Suite, Apt	. #, etc.	⊢ ¬,					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	te	City & 28	ß State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zıp		Countr 30	У		8. This corporation has liability for Florida Statutes	intangible Yes [tax under s	
	9. Name and Address of		Agent	-11			10. Name and Address of New Re	gistered	Agent	
ROV	LE, CHRISTOPHER J			81	Nam					
726 NORTHSHORE DRIVE					Stree	et Address	s (P.O. Box Number is Not Acceptat	ole)		
UEE	RFIELD BEACH FL 33442			83	3	····· · · · · · ·				
	•			84	City			FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of regis	stered agent and little if applic		TE Registered A	ent signat		ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	D DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	1.1 THILE		PRE	SIDENI		Change	Additio
NAME	BOYLE, CHRISTOPHER J			1.2 NAME		BOY	LE CHRISTOPHER NORTHSHORE D	\cdot $\mathcal{L}_{\boldsymbol{\lambda}}$		
STREET ADDRESS				1.3 STREE	1 ADDRES	s _\\\	NORTHSHORE D	R.,	o 1 .	10
CITY-ST-ZIP	DEERFIELD BEACH FL 33	3442		1.4 CITY-	ST-ZIP		ERFIELD BEACH	正山	1755	42-
TITLE			DELETE	21 TITLE				•	Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	T ADDRES	is)				
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STREET ADDRESS					: Taddres	:				
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NAME				5.2 NAME						
STREET ADDRESS										
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City of 2in				5.3 STREE	T ADDRES	ss				
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TITLE NAME			☐ DELETE	5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRES		·		Change	Addition
TITLE		•	☐ DELETE	5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRES		·		Change	Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 eath; that I am an officer or director of the corporation on the receiver or fusice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

CICALATURE.

SAL CURLE

1-12-07

(9511)9113-9527