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 # 1. Corporation Name

P96000062241 (0)

C. J. BOYLE, INC.

FILED May 08 1998 8:00am Secretary of State



51 1 15	10								
Principal Place of Business Mailing Address									
726 NORTHSHORE DRIVE 726 NORTHSHORE DRIVE									
DEERFIELD BEACH FL 33442		_DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
						07/23/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26 2301 NF 16+1 ST				65-0688271		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State		City & State			- 1	6. Election Campaign Financing	_	\$5.00	May Be
23		28 POMPANO			<u>tı</u>	Trust Fund Contribution		Added	to Fees
Zip	Country	- 35 Vr)	Coun	try		8. This corporation owes or has pa	_	4	
24	25	29 3306-1 31	<u>ol</u>			Personal Property Tax due June			_ No
	9. Name and Address of Current	10. Name and Address of New Re	igistered A	7gent					
BOYLE, CHRISTOPHER J			Ľ	11 Name					
	NORTHSHORE DRIVE		8	2 Street	Addres	dress (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33442				13				<u></u>	
			ε	4 City			FL	85 Zip	Code
44 Durayani	to the provisions of Sactions 607 0503	and CO7 1509 Florida Statutos	tho abo	no pomod	corpor	ration submits this statement for the		changing i	to registered
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 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature: typed or printer name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typied or printed name of registered agent OFFICERS AND		13	Agent signature	beriupet e	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIRECTOR	DC 1N 12
TITLE	D OITICERS AND	DELETE			T	ADDITIONS/CHANGES TO OFFIC	DENS AND	Change	Addition
NAME	BOYLE, CHRISTOPHER J	—	1.2 NAM						
STREET ADDRESS	726 NORTHSHORE DR.		1	ET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL	;		-ST-ZIP					i
TITLE	OCCUPACION OCCUPACIONO	☐ DELETE	2.1 TITLE		 -			Change	Addition
NAME			2.2 NAM					-	
STREET ADDRESS	1		2.3 STRE	ET ADDRESS	1				ľ
CITY-ST-ZIP				r-St-ZIP					
TITLE		DELETE 311						Change	☐ Addition
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STR	et address					
CITY-ST-ZIP			3.4. C(T)	r-ST-ZIP					
TITLE		☐ DELET E	4.1 TITL		1			Change	Addition
NAME			4. 2 NAN	AE į					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		DELETE	5.1 TITU					Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS		į	5.3 STRE	et address					
CITY-ST-ZIP			5.4 CITY	- ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE		1			Change	☐ Addition
NAME			6.2 NAM	E	1				1
STREET ADDRESS	l		6.3 STRE	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	<u></u>				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplicitly a courage 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. The director or trustee explained of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed of on any straichigent with any address.