Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90054 041 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000064812

Principal Plac	D'S OF BOYNTON, INC.  e of Business  ONORESS AVENUE	Mailing Address  9740 NORTH CONGRESS AN LANTANA Pt 33462	ENVE		3. Date Incorporate	OO NOT WRITE IN	THIS SPACE	
					08/02/1996			
<u> </u>	Place of Business	2a. Mailing Address	and INICTA	א על	4. FEI Number		<del> </del>	olied For
21 99 A	1 000	26 7 6 5 6 6 6 8 6 Suite, Apt. #, etc.	CIOLINGTO	<u> </u>	65-0690767		\$8.75 A	t Applicable
Suite, Apt.		27 BBYNTON A	ROALH =		5. Certifcate of State	us Desired	Fee Red	
22    BOYNTON   BCACH   27   BBYNTON   BCACH   City & State   City & State			Jenen /		6. Election Campaig	ın Financing —	\$5.00	
23	FL	28			Trust Fund Contr	* 11	Added to	•
Zip	Country	Zip	Country		8. This corporation	owes the current ye	ar Intangible	
24 334	137 25 PALM BEAC	B 33437	O PALB BC	ACH	Personal Propert			□No
	9. Name and Address of Current F	legistered Agent			10. Name and Addr	ess of New Regist	ered Agent	· <del></del>
20.10			81 Name	RI	CHARD I	VLYLIA		
JULYLIA, RICHARD 82 Street Address					St (P.O. Box Number is	s Not Acceptable)		
4740 NORTH CONGRESS AVENUE				56	BRIOKIN	6-TON 1	7R	
ŁANTANA FL 33462				YN	TON RCI	4CH		
			84 City	//*			FL 85 Zip C	ode
44 Durauant	to the provisions of Spetions 607 0502 a	and 607 1508 Florida Statutos	the above-named	comor	ation submits this state	ement for the purpo		registered
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	horized by the corpo	oration'	's board of directors.	hereby accept the	appointment as reg	istered
agent. I a			Ia Statutes. クープレング	A	naeria	0014	1-15-19	799
SIGNATURE	Signature, typed or printed name of registerest agent ar		Registered Agent signature r		when reinstating)	CN/	1-15-19	7 (
12.	OFFICERS AND		13.				RS AND DIRECTOR	RS IN 12
TITLE	D	<b>⊠</b> DELETE	1.1 TITLE	PR	ES 10 CINT		Change	☐ Addition
NAME	JULYLIA, RICHARD		1.2 NAME	RI	ICHARD	JULYL	/ <del>/)</del>	
STREET ADDRESS	4740 NORTH CONGRESS AVENU	JE	1.3 STREET ADDRESS		2 2 2 2	1 /N/~TO	N $DK$	
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP	BI	OYNTON	BEACH	FL 33	437
TITLE	D .\	DELETE	2.1 TITLE	′	<u> </u>	,	☐ Change	☐ Addition
NAME	JULYLIA, AUCILLE		2.2 NAME		•			
STREET ADDRESS	4740 NORTH CONGRESS AVENU	Æ	2.3 STREET ADDRESS	ļ				l
CITY-ST-ZIP	LANTANA FL\33462		2.4 CITY+ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		•		☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					lead of the control
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		C belete	4.4 CITY-ST-ZIP	-			ClChanas	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				Change	
NAME			5.2 NAME 5.3 STREET ADDRESS			•		1
STREET ADDRESS			5.4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			W.F.	[7] Change	Addition

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 supplemental 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 on the recovery 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 changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: