

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90053 033 ***150.00

DOCUMENT # P97000040664

1. Corporation Name
BOSTON HOMES, INC.

Principal Place of Business

223 PERUVIAN AVE
PALM BEACH FL 33480

Mailing Address

223 PERUVIAN AVE
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number
65-0751373

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1120 US HIGHWAY 1
Suite, Apt. #, etc. SUITE B

22 NORTH PALM BEACH FL

23 33408 USA

2a. Mailing Address

26 1120 US HIGHWAY 1
Suite, Apt. #, etc. SUITE B

27 NORTH PALM BEACH FL

28 33408 USA

9. Name and Address of Current Registered Agent

BROBERG, PETER S
223 PERUVIAN AVE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name MARTIN ATKINS
82 Street Address (P.O. Box Number is Not Acceptable) 1220 US Hwy 1
83
84 City NORTH PALM BEACH FL 85 Zip Code 33408

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ATKINS, MARTIN	223 PERUVIAN AVE	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
STDAKINS	GREENBERG, ERIKA	223 PERUVIAN AVE	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	ATKINS, MARTIN	1220 US Hwy 1 SVE B	N.P.B. FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ATKINS, ERIKA	1220 US Hwy 1 SVE B	NPB FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or the receiver 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/99 (561) 776-1414

CR2E034 (11/98)