

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000102042 (3)

1. Corporation Name  
JO ANN-BOYNTON, INC.

Principal Place of Business  
639 E OCEAN AVE STE 408  
BOYNTON BEACH FL 33435

Mailing Address  
639 E OCEAN AVE STE 408  
BOYNTON BEACH FL 33435



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/1997

4. FEI Number  
65-0797585  
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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 115 NORTH FEDERAL HWY

22 SUITE B

23 BOYNTON BCH, FL

24 33435 25 USA

2a. Mailing Address

27 SAME AS 21

28 SUITE B

29 BOYNTON BCH, FL

30 33435 USA

9. Name and Address of Current Registered Agent

WOOLLEY, THOMAS J JR  
639 E OCEAN AVE STE 408  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name JO ANN DELUCA  
82 Street Address (P.O. Box Number is Not Acceptable)  
115 N FEDERAL HWY  
83 SUITE B  
84 City BOYNTON BCH FL 85 Zip Code 33435

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 *Jo Ann DeLuca*

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

(NOTE: Registered Agent signature required when reinstating)

2/6/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DOST  
STREET ADDRESS DELUCA, JO ANN  
CITY-ST-ZIP 1115 N FEDERAL HWY  
BOYNTON BCH FL 33435

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
NO CHANGE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Jo Ann DeLuca*

2/6/98 (561) 734-8866

CR2E034 (10/97)