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

DOCUMENT # P98000040337

SAINT EDWARD BOYNTON BEACH, INC.

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90026 018 ***150.00

Principal Place	of Business	Mailing Address			l l				
6730.EAST_MONTEGO_BAY_BLVD		6730 EAST MONTEGO BAY BLVD			~ -				
BOCA RATON FL	. 33433	BOCA RATON FL 33433	BOCA RATON FL 33433		1	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/05/1998		ļ	
2. Principal Pla	ce of Business	2a. Mailing Address					A	pplied For	
21		26				101 2 0 4 3 2 2 7	□ N	lot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	1		- 77/1-	Certificate of Status Desired		Additional	
22 770X	SAN CAPLOS STATE	由7708 SAN (CA PU	<u><کو</u>	1/1/2	certificate of Status Desired	Fee R	Required	
City & State	TON BETCH FL	City & State 700/	RFA	e+	FU	6. Election Campaign Financing Trust Fund Contribution	,	May Be I to Fees	
Zipa	Coantry	Zip - 22(12-7	Count	4		8. This corporation owes the current year li	ntangible		
24 3343		29 1-1-3713	6 P/	9 <i>UV</i>	1	Personal Property Tax.	Yes	□No	
24, 00 10	9. Name and Address of Current			4	-1	10. Name and Address of New Registered	l Agent		
			81	Name					
	SLAWYER		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE					ridaigs				
CORA	L GABLES FL 33134		83						
			84	City			85 Zip	Code	
		- \-				FI			
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named	corpor	ation submits this statement for the purpose of	of changing if	ts registered	
office or re-	gistered agent, or both, in the State of familiar with, and accept the obligati	if Florida. Such change was auti	nonzea by	rtne corp	oration:	's board of directors. I hereby accept the app	onunent as i	egistered	
-	, , and a supply and a supply and a supply and								
SIGNATURE 5	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	int signature	required w	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
	PSTD	☐ DELETE	1.1 TITLE				change	e 🗌 Addition	
	WEINTRAUB, DORIS E		1.2 NAME			- Dinichary C			
STREET ADDRESS	6730 EAST MONTEGO BAY BLY	/D	1.3 STREE	T ADDRESS	77	08 SAN CARLOS ST. DYNTON BEACH FL 3342	<u> </u>		
CITY-ST-ZIP	BOCA RATON FL 33433		14 CITY-	ST-ZIP	$\perp B$	DYNTON BEACH IT 334=	7.7		
TITLE		☐ DELETE	2.1 TITLE			•	Change	a ∏ Addition i	
NAME			2.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	 -		Change	Addition	
TITLE		☐ DELETIF	3.1 TITLE				□ c₁lange	; Changin	
NAME			₹:°NA.≓						
STREET ADDRESS			L	ET ADDRESS					
CITY-ST-ZIP		O BELEVE	34 CITY-	ST-ZIP	₩		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE				change	□ Vacation	
NAME			4, 2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		□ DELETE	4.4 CITY-	ST-ZIP			Change	e [Addition	
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME						
NAME			B .	ET ADDRESS					
STREET ADDRESS								ļ	
CITY-ST-ZIP			5.4 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

5617334260

Addition

Change