Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90101 048 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063510

1. Corporation Name

Principal Place of Business

BOYNTON LE CHALET, INC.

HOLL XMOOD &		HOLDAMOOCHTXBOSK HOLDAMOOCHTXBOSK			
7950 N U 1/6th Stroot		7850 N.W. 146th Street-#308		et-#30	308 DO NOT WRITE IN THIS SPACE
7850 N.W. 146th Street Suite 308 Miami Lakes, Florida 33016		Miami Lakes, FL 33016			3. Date Incorporated or Qualifed 07/16/1998
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
	N.W. 146th Street	26 7850 N.W. 14	6th	Street	et 65-0881608 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22	Suite 308	27 Suite 308			5. Certificate of Status Desired Fee Required
City & Stat	e .	City & State			6. Election Campaign Financing 55:00 May Be
23 Miami	Lakes, FL 33016	28 Miami Lakes,	FL	<u>33016</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	7	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		т	10. Name and Address of New Registered Agent
50	0.00 ATTICL D COO		81	Name)
DOLCHIN, STEVEN B ESQ. 4330 SHERIDAB STSTE.202B			82	Street	t Address (P.O. Box Number is Not Acceptable)
	LYWOOD FL 33021		_		
, 100	11100D11 00021		83	`	
			84	City	FL 85 Zip Code
4435		CO7 1509 Florido Statutos	the abou	e-named	d corporation submits this statement for the purpose of changing its registered
office or re	agistered agent, or both, in the State of	Florida. Such change was autho	orized by	the corpo	poration's board of directors. I hereby accept the appointment as registered
agent. I ai	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	5 .	•
SIGNATURE		and title if applicable (NOTE: Rec	istored Ans	ot signature n	a required when reinstating) DATE
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	- angraturo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AND	₩ DELETE	1.1 TITLE		D Change X Addition
NAME	DOLCHIN, STEVEN B		1.2 NAME		SCHWARTZ, Richard
STREET ADDRESS	4330 SHERIDAB ST., STE. 202B			TADDRESS	7050 N II 1/641 Charact Codes 200
	HOLLYWOOD FL 33021		1.4 CITY-5		Miami Lakes, FL 33016
CITY-ST-ZIP TITLE	TIOLETTI COD TE CODET	☐ DELETE	2.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D ☐ Change ☑ Addition
NAME			2.2 NAME		MAYNARD, Carl K.
				T ADDRESS	17850 N.W. 146th Street - Suite 308
STREET ADDRESS					Miami Lakes, FL 33016
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	\$1-ZIP	D _ Change ▼ Addition
TITLE		_ Bectie	3.2 NAME		SEACH, Mark R.
NAME		The state of the s		T ADDRESS	19677 ITLAN Compl. Dudous
STREET ADDRESS					West Palm Beach, FL 33414
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP	D Change X Addition
TITLE		□ beceite			DICKERSON, Richard
NAME			4. 2 NAME		South Beach Marina Apt:
STREET ADDRESS				T ADDRESS	2 Townselld Screet
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	San Francisco, CA 94107 ☐ Change ☐ Addition
TITLE		□ bere≀e	5.1 TITLE		
NAME			5.2 NAME	T ADDECCO	,
STREET ADDRESS				T ADDRESS	'
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE			Li Stange C Addition
NAME			6.2 NAME		
OTDEET ADODSSO			6.3 STREE	T ADDRESS	a i

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 of the receiver of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP