


FILED

Jan 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b>  <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S41167** (5)  
 1. Corporation Name  
**BOYNTON SERVICE CENTER, INC.**

Principal Place of Business <b>2175 RABBIT HOLLOW CIR</b> <b>DELRAY BEACH FL 33445</b>	Mailing Address <b>2175 RABBIT HOLLOW CIR</b> <b>DELRAY BEACH FL 33445-6685</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>29</b>
Country	Country
<b>25</b>	<b>30</b>

<b>p. Name and Address of Current Registered Agent</b>									
<b>EGIZIANO, JAMES</b> <b>2175 RABBIT HOLLOW CIR</b> <b>DELRAY BEACH FL 33445</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>81</b></td><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;"><b>82</b></td><td style="padding: 2px;">Street Address</td></tr> <tr><td style="padding: 2px;"><b>83</b></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"><b>84</b></td><td style="padding: 2px;">City</td></tr> </table>	<b>81</b>	Name	<b>82</b>	Street Address	<b>83</b>		<b>84</b>	City
<b>81</b>	Name								
<b>82</b>	Street Address								
<b>83</b>									
<b>84</b>	City								

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's 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)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13.</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	<b>EGIZIANO, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>2175 RABBIT HOLLOW CIR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>VERNON, ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>901 HARRISON ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/96)