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 # S41167

BOYNTON SERVICE CENTER, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90082 045 ***150.00



	<u></u>				—}		011 8 1011 1001	
Principal Place of Business Mailing Address								
2175 RABBIT HOLLOW CIR DELRAY BEACH FL 33445		2175 RABBIT HOLLOW CIR DELRAY BEACH FL 33445			DO NOT WRITE IN THIS SPA	CF***	؞ ؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞	
		بالمستنجيس والمتحدث والمساوي والمعادي			3. Date Incorporated or Qualifed			1
					03/25/1991			l
3 Dain ain at Di	and of Business	2a. Mailing Address			4. FEI Number Applied For			
	ace of Business				65-0323039 Not Applicab			l
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional			
¬ ''		27			5 Contitonto of Statue Decired	Fee Rec		
22 City & State		City & State			6. Election Campaign Financing S5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Country			8. This corporation owes the current year Intangib	le		l
24	25	29 3	0		Personal Property Tax.	'es l	□No	l
	9. Name and Address of Current				10. Name and Address of New Registered Agen	ıt		ļ
				Name				l
EGIZ	AANO, JAMES			32 Street Add	ress (P.O. Box Number is Not Acceptable)			l
2175	RABBIT HOLLOW CIR			32 Street Addi	ress (1.0. box rumber is trot / tocopiasis)			l
DELF	RAY BEACH FL 33445		Ī	33				
			-	B4 City	85	Zip C	ode	
			ļ		FL	'		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	i.the ab	ove_named_com	poration submits this statement for the purpose of ohen	ging its	registered—	-
office or o	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	nonzea	oy the corporati	on's board of directors. I hereby accept the appointmen	11 43 109	3,310,00	
-	m tanimar timi, and eccept and engage	,						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	gent signature require				6
12.	OFFICERS AN	D DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DI			1 5
TITLE	D	☐ DELETE	1.1 TITL	£	L,	Change	Addition	2
NAME	EGIZIANO, JAMES		1.2 NAA	Æ .				3
STREET ADDRESS	2175 RABBIT HOLLOW CIR		1.3 STR	EET ADDRESS				ן וֹ
CITY-ST-ZIP	DELRAY BEACH FL		_	/-ST-ZIP		<u> </u>	- Addition	ģ
TITLE	D	☐ DELETE	2.1 TIĪL	E	L)	Change	☐ Addition	`
NAME	VERNON, ANTHONY		2.2 NAA	1E				
STREET ADDRESS	901 HARRISON ST		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CIT	Y-ST-ZIP			CT A LEC.	1
TITLE		☐ DELETE 3.1 TI		E		Change	☐ Addition	
NAME			3.2 NAM	AE }	· ·			
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		<u> </u>		1
TITLE		☐ DELETE	4.1 TTT	E	Ü۱	Change	Addition	
NAME	-	*	1.2 NA	ME .	-		•	``
STREET ADDRESS			4.3 STF	EET ADDRESS				
CITY+ST-ZIP			4.4 CIT	Y-ST-ZIP				-
TITLE	·	☐ DELETE	5.1 TITL	I		Change	☐ Addition	
NAME			5.2 NAJ					1
STREET ADDRESS			5.3 STF	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				-
TITLE		☐ DELETE	6.1 TiT	E		Change	☐ Addition	
NAME			6.2 NA	Æ				
STREET ADDRESS			6.3 STF	REET ADDRESS				-
CITY+ST-ZIP			6.4 CIT	Y-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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

4/3/99

561-585-0159