

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90006 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01378 ✓

1. Corporation Name
BOYNTON COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: C/O MURRAY DALFEN, 8479 PLACE DEVONSHIRE, VILLE MONT-ROYAL, QUEBEC H4P1S5 CANADA, OC
 Mailing Address: C/O MURRAY DALFEN, 8479 PLACE DEVONSHIRE, VILLE MONT-ROYAL, QUEBEC H4P1S5 CANADA, OC

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 584655 - 90006 - 11 5 *



21. Principal Place of Business 4444 St. Catherine West	2a. Mailing Address 4444 St. Catherine West	3. Date Incorporated or Qualified 02/07/1984
22. Suite, Apt. #, etc. # 100	27. Suite, Apt. #, etc. # 100	4. FEI Number NOT APPLICABLE
23. City & State Westmount, Quebec	28. City & State Westmount, Quebec	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip H3Z 1R2	29. Zip H3Z 1R2	30. Country Canada
25. Country Canada	30. Country Canada	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALFEN, MURRAY		1.2 NAME	
STREET ADDRESS 8479 PLACE DEVONSHIRE, VILLE MONT-ROYAL		1.3 STREET ADDRESS	4444 St. Catherine West #100
CITY-ST-ZIP QUEBEC H4P1S5, CANADA		1.4 CITY-ST-ZIP	Westmount, Quebec H3Z1R2
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALTSHULER, BARRY		2.2 NAME	
STREET ADDRESS 250 AUSTRALIAN AVE SO., #400		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VON STEIN, CHARLES H		3.2 NAME	
STREET ADDRESS 1600 S. FEDERAL HWY, #200		3.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33062		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Murray Dalfen SIGNATURE REQUIRED Murray Dalfen July 12, 1999 (514) 938-1050

CR2E037 (5/99)