

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **178842** (1)
1. Corporation Name
BUDDY BEE CORP.



Principal Place of Business: **333 N.E. 79TH STREET MIAMI FL 33138-1821**
Mailing Address: **333 N.E. 79TH STREET MIAMI FL 33138-1821**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1954	3a. Date of Last Report 04/13/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEET Number 59-0717025	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RALEY, ROBERT 1000 ISLAND BLVD 1509 WILLIAMS ISLAND FL 33160				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P RALEY, KAREN	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1000 ISLAND BLVD 1509	2. NAME	
CITY, STATE, ZIP	WILLIAMS ISLAND FL	3. STREET ADDRESS	
	<input type="checkbox"/> DELETE	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. TITLE	
STREET ADDRESS		6. NAME	
CITY, STATE, ZIP		7. STREET ADDRESS	
	<input type="checkbox"/> DELETE	8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. TITLE	
STREET ADDRESS		10. NAME	
CITY, STATE, ZIP		11. STREET ADDRESS	
	<input type="checkbox"/> DELETE	12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. TITLE	
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
	<input type="checkbox"/> DELETE	16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Karen Raley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2-12-96 (303) 931-6219

CR2E034 (12/95)