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

**PROFIT** CORPORATION ANNUAL REPORT

1999

BUYER'S FRIEND REALTY, INC.

1. Corporation Name



DOCUMENT # P94000012233

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 025 \*\*\*300.00

Principal Place	or business	Maining Address							
9471 BAYMEADOWS ROAD 9471 BAYMEADOW		9471 BAYMEADOWS ROA	ROAD						
SUITE 201		SUITE 201		DO MOT INDITE IN TIME SEINES					
JACKSONVILLE FL 32256		JACKSONVILLE FL 32256		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			
						02/14/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-3290472	\	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year Inta	ngible		
24	25	29	30	30					
24	9. Name and Address of Current			1	_	10. Name and Address of New Registered A	gent		
	5. Hame and Address of Content	1.09.01.000		81	Name				
RI O	ODWORTH, NANCY P								
	BAYMEADOWS RD.		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)			
	E 201			83					
JACI	KSONVILLE FL 32256			84	City		85 Z	ip Code	
						FL			
agent. I ai	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was ons of, Section 607.0505, F	authorized Torida Stati	d by th lutes.	ne corporati	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoin	tment as	s registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered	d Agent s	agnature requir	red when reinstating) DATE			
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	) DIREC	TORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TI	ITLE		-	Chan	ge 🔲 Addition	
NAME	BLOODWORTH, NANCY P		1.2 N	AME	ļ			ĺ	
STREET ADDRESS	9471 BAYMEADOWS RD., STE.	201	135	TREET A	DORESS				
	JACKSONVILLE FL 32256			TY-ST-					
CITY-ST-ZIP		DELETE	2.1 TI		ZIF		Chan	ge Addition	
TITLE	S DADADA I	L∰ DELETE						_	
NAME {	CLARKE, BABARA L		2.2 N						
STREET ADDRESS	7622 PRAVER COURT		2.3 \$	TREET A	DORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217			CITY-ST-	ZIP		Flores		
TITLE	<del>-</del>	☐ DELETE	3.1 TI	ITLE			Chan-	ge 🗌 Addition	
NAME			3.2 N	AME					
STREET ADORESS			3.3 S	TREET A	ODRESS				
CITY-ST-ZIP			3.4. C	CITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TI	ITLE			Chan	ge 🔲 Addition	
NAME			4. 2 N	NAME					
STREET ADDRESS					DORESS				
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CITY-ST-ZIP		☐ DELETE	5.1 Ti		<u> </u>		Chan	ge Addition	
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NAME					OBBESS				
STREET ADDRESS					LOORESS )				
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TITLE		☐ DELETE	6.1 TI				Chan	ge	
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 \$	TREET A	NODRESS				
	*								

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: