

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

FILED

Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000005860 (7)  
1. Corporation Name  
BUTLER PLAZA, INC.



Principal Place of Business: 7700 BONNEVAL ROAD, SUITE 450, JACKSONVILLE FL 32216  
Mailing Address: 7700 BONNEVAL ROAD, SUITE 450, JACKSONVILLE FL 32216

2. Principal Place of Business: 21 Suite, Apt. #, etc. 600; 22 City & State; 23 Zip; 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 600; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 01/18/1996  
3a. Date of Last Report  
4. FEI Number:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

9. Name and Address of Current Registered Agent  
F&L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
81 Name: D S  
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 600  
83  
84 City: JACKSONVILLE  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	"TON" VAN MOOK, A L	
STREET ADDRESS	7077 BONNEVAL ROAD, SUITE 450	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	SUITE 600	
14 CITY-ST-ZIP		
21 TITLE	PT BUCKLEY, RONALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	7077 BONNEVAL ROAD, SUITE 600	
23 STREET ADDRESS	JACKSONVILLE, FL 32216	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300002197753	
53 STREET ADDRESS	-06/02/97--01079--008	
54 CITY-ST-ZIP	***990.00	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: 3-24-97 904-246-2870

CR2E034 (9/96)