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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000019179

1. Corporation Name
 APPROVED BUYERS NETWORK, INC.



Principal Place of Business
 1415 WEST STATE ROAD 434
 LONGWOOD FL 32750

Mailing Address
 1415 WEST STATE ROAD 434
 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1997

4. FEI Number
59-3424644

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **1001 N. LAKE DESTINY**
 Suite, Apt. #, etc. **STE 175**
 City & State **MAITLAND FL**
 Zip **32751**

2a. Mailing Address
 26 **1001 N. LAKE DESTINY**
 Suite, Apt. #, etc. **STE 175**
 City & State **MAITLAND FL**
 Zip **32751**

9. Name and Address of Current Registered Agent
WAREING, W. MARTIN
 1415 WEST STATE ROAD 434
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1001 N. LAKE DESTINY RD

83 **STE 175**

84 City **MAITLAND** FL 85 Zip Code **32751**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P WAREING, W M**

STREET ADDRESS **1415 W STATE RD, 434**

CITY-ST-ZIP **LONGWOOD FL 32750**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **1001 N. LAKE DESTINY RD #175**

1.4 CITY-ST-ZIP **MAITLAND FL 32751**

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: *[Signature]* 1/27/99 407-667-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)