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

STREET ADDRESS

SIGNATURE:

CfTY - ST - ZIP

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # BUD'S INC. Principal Place of Business Mailing Address C/O DAVID GALBREATH C/O DAVID GALBREATH 2731 W BROWARD BLVD 2731 W BROWARD BLVD DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 03/05/1956 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 59-0776384 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GALBREATH, DAVID C. 2731 WEST BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL R4 Zip Code 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** Signature: typed or printed name of registeruit agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE GALBREATH, DAVID C NAME 12 NAME 2731 W. BROWARD BLVD. 1.3 STREET ADDRESS STREET ADORESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GALBREATH, W.C. 2.2 NAME NAME 2731 W. BROWARD BLVD. STREET ADDRESS 2.3 STREET ADORESS FORT LAUDERDALE FL CITY-ST-ZIP 2 4 CITY-\$1-ZIP DELETE Change Addition TITLE 31 TITLE GALBREATH, JOAN NAME 32 NAME 2731 W. BROWARD BLVD. STREET ADDRESS 3.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZWP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NALE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 64 CITY-ST-ZIP

> > 954587-1745

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 chargest, or on an attackment with an address.