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Mar 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 # 661560

(3)

1. Corporation Name

BUTLER-MACDONALD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134
US

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134-5108
US

2. Principal Place of Business

21 11 Deerfield Road
Suite, Apt. #, etc

22 City & State

23 Hilton Head Island, SC
Zip Country

24 29926 25 USA

2a. Mailing Address

26 11 Deerfield Road
Suite, Apt. #, etc

27 City & State

28 Hilton Head Island, SC
Zip Country

29 29926 30 USA

9. Name and Address of Current Registered Agent

ZERO 34 REGISTRATION CORP.
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1006, 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, type or print name of person authorized to sign (if applicable)

(Block 13 to be signed Agent only, as required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JOHNSON, CHARLES W.	
STREET ADDRESS	7190 SE OSPREY STREET	
CITY- ST- ZIP	HOBE SOUND FL	
TITLE	STD	☒ DELETE
NAME	JOHNSON, SUE	
STREET ADDRESS	7190 SE OSPREY STREET	
CITY- ST- ZIP	HOBE SOUND FL	
TITLE	PD	☐ DELETE
NAME	JOHNSON, MARK C.	
STREET ADDRESS	9 DEERFIELD ROAD	
CITY- ST- ZIP	HILTON HEAD ISLAND SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☒ Change ☒ Addition
2.2 NAME	STD
2.3 STREET ADDRESS	WANDA JOHNSON
2.4 CITY- ST- ZIP	11 DEERFIELD ROAD
3.1 TITLE	HILTON HEAD ISLAND, SC 29926
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 *MA. JOHNSON* MARK C. JOHNSON

803-681-3889

CR2E034 (9/96)