

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 675209
1. Corporation Name
BUYER'S MARKET, INCORPORATED

(1)

| | | | |
|---|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 5201-B 36TH AVENUE, SOUTH P.O. BOX 808 TAMPA FL 33619 US | | 5201-B 36TH AVENUE, SOUTH P.O. BOX 808 TAMPA FL 33619 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt #, etc | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 24 Zip | Country | 28 Zip | Country |
| 29 30 9. Name and Address of Current Registered Agent | | | |
| DAVENPORT, THEODORE 5201-B 36TH AVE. SO. TAMPA FL 33584 | | | |

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | |
|--|--------------------------|--------------------------------|
| 3. Date Incorporated or Qualified | 06/25/1980 | |
| 4. FEI Number | Applied For | Not Applicable |
| 59-2142630 | | \$8.75 Additional Fee Required |
| 5. Certificate of Status Desired | <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Name and Address of New Registered Agent | | |

| | | |
|----|--|----------|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | 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

(Signature, type or print name of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | |
|----------------------------|----------------------|---|--------------------|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVENPORT, THEODORE | | 1.2 NAME | |
| STREET ADDRESS | 5209 PRESIDENTIAL ST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER FL | | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVENPORT, THEODORE | | 2.2 NAME | |
| STREET ADDRESS | 5209 PRESIDENTIAL ST | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER FL | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE:

<813>626-7367

CR2E034 (10/97)