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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681465

(1)

BUCHANAN MANAGEMENT COMPANY

FILED

May 12 1997 8:00am

Secretary of State

| 317 RIVEREDGE BLVD. 317 RIV PO BOX 2148 PO BOX | | Mailing Address \$17 RIVEREDGE BLVD. | | | — I REALKE BYNN TOLOG LIDIT BYRNE BYNN BYNN BYNN BYNN BYNN BYNN BYNN BY | | | | |
|---|--|---|----------------------|--|---|---|--------------|---------------------------|-----------------------------|
| | | PO BOX 2148 COCOA FL 32922-7984 | | | | | · | | |
| OOOM PL 929 | ×2 | OOOON TE GEGET GOV | | | | 3. Date Incorporated or Qualified 08/01/1980 | | ate of Last Re 25/1996 | eport |
| 2. Principal P | lace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 59-2050100 | | | oplied For of Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | us Desired | | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | | | | |
| Zip 24 | Country 25 | 7 p | 30 Cou | ntry | · | 8. This corporation has liability to Florida Statutes | Yes [| □No | . 199.032, |
| BAIL | 9. Name and Address of Current | Hegistered Agent | | 81 | Name | 10. Name and Address of New I | egisterea | Agent | |
| | ighton, welby e. Riveredge blvd | | | | | | | | |
| | IR PLAZA | | | 82 | Street A | ddress (P.O. Box Number is Not Accept | able) | | |
| | OA FL 32922 | | | 83 | | | | | |
| _ | | | | 84 | City | | FL | 85 Zip 0 | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | des, the at | pove | named | corporation submits this statement for the oration's board of directors. I hereby acc | | changing it | s registered |
| agent. I a | m familiar with, and accept the obligation | ions of, Section 607.0505, F | iorida State | utes. | (iie sorp | oralion's board of directors, I hereby acc | opt the dpp | Official da | registorea |
| SIGNATURE | Signature, typed or printed name of registered agent | and fille Lapplicable (NO | 11 : Registered | і Адеп | t signature i | equired when reinstaling) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AND | | |
| TITLE | PTSD | L_) DELETE | 1.1 711 | | | STD | | Change Change | Addition |
| NAME | BOUGHTON, WELBY E. 3873 S BANANA RIVER BLVD | | 1.2 NA | | | | | | |
| STREET ADDRESS | COCOA BEACH FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | DPST | DELETE | 1.4 CII 2.1 III | | - ZIP | DP | | Change | Addition |
| NAME | BUCHANAN, GAIL D | , | 22 NA | | 1 | 21 | | 134 countinge | riodilion |
| STREET ADDRESS | 3775 S TROPICAL TRAIL | | | | NODRESS | | | | |
| CITY-ST-ZIP | MERRITT ISLAND FL | | 2. 4 CI | | - 1 | | | | |
| TITLE | | DELETE | 3.1 TiT | Lf. | | | | Change | Addition |
| NAME | | | 3.2 NA | MΕ | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | REELA | ADDRESS | | | | |
| CITY-ST-ZIP | | DELFIE | 3.4 CI | | 1-7IP | | | Chann | Addition |
| TITLE NAME | | Driet. | 4.1 10 | | | | | L Change | L_J AOGILION |
| STREET ADDRESS | | | 4.2 N/ | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | | | | | | |
| TITLE | | DELETE | 51111 | | | | | Change | Addition |
| NAME | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REE1 # | ADDRESS | | | | ļ |
| CITY-ST-ZIP | | | 5.4 _. C(1 | IY-S1 | - ZIP | | | | |
| TITLE | | DETEIE | 6.1 711 | ILE |] | | . – | Change | Addition |
| NAME | | | 6.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZiP | by cartify that the information equation | with this filing does not also | 6.4 Ch | | | ated in Section 119.07/3)(i) Florida Statu | too I furtho | r portify that | tho |

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 frue 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.

IGNATURE: Wester (Torogram, 4.28.50 407/3/2077