05-06-1999 90020 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCHMENT

1. Corporate	ON Name BUSCHE & ASSOCIATES, IN	IC.									
Principal Pla	ce of Business	Mailing Address			_		I \$\$06400 ISH DADIO DILAD HIDDI	OIED ING DIBELD	1611 41611		#11 B1B11 1BB1
13841 HOLLAND PK DR JACKSONVILLE FL 32224 US		13841 HOLLAND PK DR JACKSONVILLE FL 32224 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/28/1981						
2. Principal	Place of Business	2a. Mailing Address	_			4	. FEI Number			App	lied For
21		26				- }	59-2137609			Not	Applicable
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.					. Certificate of Status Desired		,		dditional
22		27					. Certificate of Status Desires			ee Req	
City & Sta	ate	City & State				6	. Election Campaign Financing		,		May Be
23		28					Trust Fund Contribution			ided to	rees
Zip	Country	Zip		untry		8	 This corporation owes the cur Personal Property Tax. 	rent year into	angible Yes		□No
24	25 25 9. Name and Address of Curren	29	30	_		10	Name and Address of New	Registered			
	5. Name and Address of Curren	r registeren wägent		81	Name						
BUSCHE, JERRY 3841 HOLLAND PARK DRIVE SUITE 210 JACKSONVILLE FL 32224				83			ess (P.O. Box Number is Not Acceptable)			85 Zip Cod	
				04	City			FL	. "	_,,	000
office or agent. I SIGNATURI	Signature, typed or printed name of registered ager	of Florida. Such change was a tions of, Section 607.0505, Fix	orida Sta	d Dy tutes		iuon s i	Dodard or directors. Thereby acoc	DATE		uo 10g	
TITLE	DP OF TICERS AN	DELETE	_	TILE					Ch		Addition
NAME	BUSCHE, JERRY			AME	Į						
STREET ADDRES	JANA LIGHTAND DARK DONE		1.3 5	TREET	TADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32222			CITY-S	1						
TITLE	VTS	☐ DELETE	_	TILE					Ch	ange	Addition
NAME	BUSCHE, ROBIN		2.2 N	AME							
STREET ADDRES	ACCUATION AND DARK DOWE		2.3 5	STREET	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4	CITY-S	ST-ZIP						<u> </u>
TITLE		☐ DELETE	3.1 1	MLE					☐ Ch	ange	Addition
NAME			3.21	AME							
STREET ADDRES	ss		3.3 8	STREE	TADORESS						
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP						
TITLE		☐ DELETE	4.1 1	TTLE					☐ Ch	ange	Addition
NAME			4. 2	NAME							
STREET ADDRES	ss		4.3 9	STREE	TADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE		☐ DELETE		MILE					□ CH	ange .	☐ Additio
NAME				VAME	T + DODESO						
STREET ADDRES	ss				TADORESS						
CITY-ST-ZIP				CITY-S	ii-ZIP				Ch		Additio
TITLE		☐ DELETE	0,1	in LE						in in in the	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS