

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F69630** (4)

1. Corporation Name  
**BUFFARDI INVESTMENT CORPORATION**

Principal Place of Business P.O. BOX 350128 PALM COAST FL 32137	Mailing Address P.O. BOX 350128 PALM COAST FL 32137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>25 PLAINVIEW DRIVE</b> Suite, Apt. #, etc. 22 <b>SIDE B</b> City & State 23 <b>PALM COAST, FL</b> Zip 24 <b>32164</b> Country 25 <b>FLAGLER</b>		2a. Mailing Address 26 <b>2 FLORIDA PARK DR</b> Suite, Apt. #, etc. 27 <b>90 PALM WEST HOME REALTY</b> City & State 28 <b>PALM COAST, FL</b> Zip 29 <b>32137</b> Country 30		3. Date Incorporated or Qualified <b>03/04/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>59-2179300</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LEBEGERN, JOSEPH K.</b> <b>OFFICE PARK DRIVE - 260-C</b> <b>PALM COAST, FL. 32137</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	<b>BUFFARDI, RAFFAELE</b>	12 NAME	
STREET ADDRESS	<b>43 WEST FIELD LANE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL</b>	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	
NAME	<b>BUFFARDI, ALFREDO</b>	22 NAME	
STREET ADDRESS	<b>43 WEST FIELD LANE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 \_\_\_\_\_

CR2E034 (4/97)