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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F85141

(2)

BUYING SPECIALISTS, INC.

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| Mar | 05 | 1997 | 8:00am |
| Se | cret | tary of | f State |

| 551 | | | | | | | |
|---|---|-----------------------------|---|-----------------------|------------------------|---------------------------------------|---|
| Principal Place % DIANE M. H PO BOX 84085 PEMBROKE PI | iarbeck 15 | % (P. (| iling Address DIANE M. HARBECK D. BOX 840855 JBROKE PINES FL 330 | 704 20CE | | - | . I MODITOD STACK HOLDS, OSSAS) HIDNI DIDDIO WAS ONDSY ONDSY OUTSIL AND SE SIONI DIDDIU NOCE |
| US | 160 FL 53004 | US | IDHORE FIRES TE WO | VOT2033 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 |
| - | lace of Business | | Mailing Address | | | , , , , , , , , , , , , , , , , , , , | 4. FEI Number Applied For |
| Suite Apt. | # etc | 26 | Suite, Apt. #, etc. | | | | 59-2209871 Not Applicable \$8.75 Additional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired |
| City & State | •! | 28 | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution |
| Zφ | Country | | Zip | c | ountry | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 nt Regist | ered Agent | 30 | - | | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| HAR | RBECK, DIANE M. | in mograt | orda rigorii | | 81 | Name | |
| 182 | 52 NW 15TH CT | | | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| PEN | IBROKE PINES FL 33029 | | | | 83 | | |
| | | | | | 84 | Ob | Inc. Tin Cont. |
| | | | | | $\perp \perp$ | | FL 85 Zip Code |
| office or t | registered agent, or both, in the State on familiar with, and accept the oblig | e of filorid jations of, | a. Such charige was Section 607.0505, Fl | authoriz Iorida St | ed by atutes | the corp | d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| 12. | Signaturity and engine disease of registered ag OFFICERS AN | | | IIE Registe | | int signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| Tifte | PD | | DELETE | | TITLE | | Change Addition |
| NAMI | HARBECK, GARY D | | | | NAME | į | |
| STREET ACIDRESS CITY-ST-7/F | 18252 NW 15 COURT PEMBROKE PINES, FL 00000 | | | | CHY-S | ADDRESS T-ZIP | |
| TITLE | STD | | DELETE | | TITLE | | Change Addition |
| NAME | HARBECK, DIANE M | | | | NAME | | |
| STREET ADORESS City - S*-7ii* | 18252 N.W. 15 COURT PEMBROKE PINES, FL 00000 | | | | i STREET 4 CITY - S | ADDRESS ST-71P | |
| 1016 | | | DELETE | | TITLE | , | ☐ Change ☐ Addition |
| NAME | | | | | NAME | | · |
| STREET ADDRESS ONLY-STIZE | | | | | CITY-S | ADDRESS | |
| 1016 | | | DELETE | | TITLE | | Change Addition |
| NAME: | | | | | 2 NAME | | |
| STREET ADDRESS CITY - ST. ZIP | | | | | I STREET I CITY-S | AODRESS T. 7IP | |
| THE | | | DELETE | | MLE | | Change Addition |
| NAM4 | | | | Ŧ | NAME | | · |
| STREET ADDRESS | | | | | STREET CITY-S | ADDRESS | |
| DITE. | | | DELETE | | TITLE | 1.71, | Change Addition |
| NAME | | | | 6.2 | NAME | | |
| STREET ADDRESS | | | | | | ADDRESS | |
| 14. I do here |] by certify that the information suppli | ed with th | is filing does not qua | lify for th | CITY-S NO OXO | mption s | stated in Section 119.07(3)(i), Florida Statutes. I further certify that the |
| informatic | on increated on this annual report or | suppleme or the rece | ental annual report is eiver or trustee empor | true and wered to | d accu | trate and | nd that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name |