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 # 1. Corporation Name F97000003082 (1)

BUSHKIN ENTERPRISES, INC.

to 0

Principal Place of Business

Mailing Address

FILED Mar 02 1998 8:00am Secretary of State



276 E. SAUSALITO BLVD. CASSELBERRY FL 32707		276 E. SAUSALITO BLVD. Casselberry Fl 32707		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				06/13/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
211 27 G	SAUSALITO BLUD	26 276 Sousa	LETO BLUD	34-1841286	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 CASSCIBENLY FL		City & State 28 CASSEBOAN FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 32つい	Country 25	Zip 29 31707 34	Country	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BI Name 81 Name					
DUSININ, WATNE U				Name BUSTAKEN, WAYNE G.	
276 E. SAUSALITO BLVD. CASSELBERRY FL 32707			Street Address (P.O. Box Number is Not Acceptable) SAUGALITO BLVD.		
			84 City OA		L 85 Zip Code 7
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, Island & printed name of registered agent	Lu W AMA	egistereci Agent signature requi	THOON, PASS DOSAT	2/28/98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Р	☐ DELE te	1.1 TITLE		☐ Change ☐ Addition ⋛
NAME [BUSHKIN, WAYNE G		1.2 NAME		5
STREET ADDRESS	276 E. SAUSALITO BLVD.		1.3 STREET ADDRESS		ប្រ
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP		
TITLE	ST DIMMI DEPOY	DELETE	2.1 TITLE		☐ Change ☐ Addition C
RAME	BUSHKIN, DEBBY J		2.2 NAME		
STREET ADDRESS	276 E. SAUSALITO BLVD. CASSELBERRY FL 32707		2.3 STREET ADDRESS	#11 × 12	,
CITY-SI-ZIP TITLE	CASSELBERNT FL 32/0/	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		C prefit	3.1 TITLE 3.2 NAME		CT cligible CT volition
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		<u> </u>
TITLÉ		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		İ	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.