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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23335 (4)
1. Corporation Name
A.L. VAN BUSKIRK ENGINEERS AND PLANNERS, INC.



Principal Place of Business
12450 TAMiami TRAIL
UNIT D
NORTH PORT FL 34287
US

Mailing Address
12450 TAMiami TRAIL
UNIT D
NORTH PORT FL 34287
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2266097	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VAN BUSKIRK, A. L. 201 S E BANGSBERG RD PORT CHARLOTTE FL 33952				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
60 Inlets Blvd. Nokomis, Florida 34275					

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	VAN BUSKIRK, ANTHONY L	1.2 NAME	Van Buskirk, Anthony L.
STREET ADDRESS	201 S E BANGSBERG RD	1.3 STREET ADDRESS	60 Inlets Blvd.
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	1.4 CITY-ST-ZIP	Nokomis, Florida 34275
TITLE	DV	2.1 TITLE	
NAME	FISH, ALAN K	2.2 NAME	
STREET ADDRESS	3799 FOUNTAINBLEU ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	VAN BUSKIRK, PETER T	3.2 NAME	
STREET ADDRESS	6356 SAFFORD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

Anthony L. Van Buskirk 2/11/98 (941)426-0681

CR2E034 (10/97)