FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-15-96 B 3534 C

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

PAID 2299

DOCUMENT # **G88285** **(3)**

1. Corporation Name

BUCHMAN SQUARE, INC.

Principal Place of Business
2101 EAST PALM AVE.
P.O. BOX 75828
TAMPA FL 33675

Mailing Address
2101 EAST PALM AVE.
P.O. BOX 75828
TAMPA FL 33675

3. Date Incorporated or Qualified: 03/01/1984
3a. Date of Last Report: 04/24/1995

4. FEI Number: 59-2373812 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

WEIDEMEYER, CARLETON L.
501 SOUTH FT. HARRISON AVE.
SUITE ONE
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of Registered Agent or Officer of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BUCHMAN, J	
STREET ADDRESS	4934 ST. CROIX DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	WIGHTMAN, WILLIAM S.	
STREET ADDRESS	1090 ELDORADO AVE.	
CITY-ST-ZIP	CLEARWATER BCH. FL	
TITLE	VD	☐ DELETE
NAME	MEZRAH, JACK	
STREET ADDRESS	5007 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☐ DELETE
NAME	BAKER, WILLIAM	
STREET ADDRESS	524 BELLE ISLE BLVD.	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	D	☐ DELETE
NAME	MILLER, JEFFREY, M.D.	
STREET ADDRESS	4916 W. BAYWAY DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	GOLDENBERG, MARVIN	
STREET ADDRESS	3425 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director / Secretary	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President / Director	☑ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changes, or on an attachment with an addition.

SIGNATURE: Marvin Goldenberg — 4/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
MARVIN Goldenberg / President — DATE FILED

CR2E034 (12/95)