FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G88285

(3)

BUCHMAN SQUARE, INC.

A MARIEN BYÐU MÁRÐA LÓNIÐ (1888) HÁLÐI BYÐI GRÐU ÐIÐRU ÞVÐU ÐRÐU ÐIÐU ÐIÐU ÐIÐU ÁRÐU ÓRÐU ÁRÐU ÓRÐU ÍRÐU

FILED

Apr 08 1998 8:00am

Secretary of State

		·						. 01811 E1821 1881
Principal Place of Business Mailing Address					de samilio dene issimi inito lismi obisi diili diseli alii	II Gibil Bib it	DIBIL BIBLI (881	
2101 EAST PALM AVE. P.O. BOX 75828 TAMPA FL 33675		2101 EAST PALM AVE. P.O. BOX 75826 TAMPA FL 33675			DO NOT WRITE IN THIS SPACE			
ļ						3. Date Incorporated or Qualified		
	15	1 2				03/01/1984		
	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				59:2373812		Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 27						5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State	City & State			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Z _{(p})		Country		8. This corporation owes or has paid the o		
24	[25]	29	30	0]		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes	□ No
	9. Name and Address of Curre	ant Hedisteled About		B1 T	Name	10. Name and Address of New Registers	n water	
LECHNER, BERNARD J					HSUING			
	3 LAKEVIEW ROAD		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33756				_				
			{	33				
			1	94	City		85	Zip Code
						F		·
11. Pursuant to the provisions of Socilons 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered a			Apen	nt signature require	ed when reinstating) DATE		
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
TITLE	DS	L DELETE	1.1 TITLE				L_1 Unar	ithe TT Modition
NAME	5551		1.2 NAM					
STREET ADDRESS	4934 ST. CROIX DRIVE		1		ADORESS			
CITY-ST-ZIP	TAMPA FL	- Oriere	1.4 C/T)		-ZIP		77.0	1.4400
TITLE	D	☐ DELFTE	2.1 TITL		İ		Chan	nge 🔲 Addition
NAME	WIGHTMAN, WILLIAM S.		2.2 NAN	Æ	l l			
STREET ADDRESS	1090 ELDORADO AVE.		2.3 STR	EET A	ADDRESS			į
CITY-ST-ZIP	CLEARWATER BCH. FL		2 4 CIT	_	T-ZIP			
TITLE	VD	☐ DELETE	3.1 TITL				L Chan	nge L. Addition
HAME	MEZRAH, JACK		3.2 NAM	4E				
STREET ADDRESS	5007 SAN MIGUEL		33 STRI	EET A	NDDRESS			ţ
CITY-ST-ZIP	TAMPA FL	-	3 4. CIT		r-zip			
TITLE	TD	☐ DELETE	4.1 TITL				L. Chan	nge L. Addition
NAME	BAKER, WILLIAM		4. 2 NAM	ME	Į.			
STREET ADDRESS	524 BELLE ISLE BLVD.		4.3 STREE		address]
CITY-ST-ZIP	BELLEAIR BCH FL		4.4 CITY		- ZIP			
TITLE	D	DELETE	5.1 TITL				☐ Chan	nge L. Addition
NAME	MILLER, JEFFREY, M.D.		5.2 NAM	4E				
STREET ADDRESS	4916 W. BAYWAY DR.		5.3 STA	EET A	ADDRESS .			
CITY-ST-ZIP	TAMPA FL		5.4 CITY	(-ST-	· ZIP			
TITLE	PD	☐ DELCTE	6.1 TITL	E			☐ Chan	nge 🔲 Addition
NAME	GOLDENBERG, MARVIN		6.2 NAV	Æ		•		ļ
STREET ADDRESS 3425 BAYSHORE BLVD.			6.3 STREET ADDRESS		ADDRESS)
l	TALIDA PI							I

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.

MARVIN GOLDENBERG