## 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

	MENT # H2779 on Name ARD F. BUSCH & CO., INC.	0 (5)			<u> </u>
Principal Plac	ce of Business	Mailing Address			(Att elett oldti bibit bjölt 1001
\$800 OVER	RSEAS HWY	5800 OVERSEAS HWY			
SUITE 6 MARATHON FL 33050		6 NADATHON EL 2000		DO NOT WRITE IN THIS	SPACE
US	4 15 33030	MARATHON FL 33050 US		3. Date Incorporated or Qualified	
				10/30/1984	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2466996	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	1.	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		27   3 U   1   E	Ψ	6. Election Campaign Financing	
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	<del></del>
24	25		30		Yes No
				10. Name and Address of New Registered	Agent
	BUSCH, EDWARD F.		81 Name		
5800 OVERSEAS HWY SUITE 6			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MARATHON FL 33050			83		<del>-</del>
! "	1244111011112 00000		74 00		T221 = 2
			84 City	FL	85 Zip Code
SIGNATURE	Signature: typod or printed name of registered agen  OF FICE RS AND	and trie if applicable (NOTE	Registered Agent signature requir	coration submits this statement for the purpose of ion's board of directors. I hereby accept the appearance when reinstating)  DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	BUSCH, EDWARD F.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		1
CITY-ST-ZIP	MARATHON FL		1.4 CITY - ST - ZIP		
TITLE	DV DIAME I	DELETE	2.1 TITLE		Change Addition
NAME CTOCET ADODECC	BUSCH, DIANE L. 5800 OVERSEAS HWY, 6		2.2 NAME		•
STREET ADDRESS CITY-ST-ZIP	MARATHON FL		2.3 STREET ADDRESS 2. 4 City-St-Zip		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTDGGT ADDOGGG			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 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			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	l		6.4 CITY-ST-ZIP		

14. Thereby 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 trusted 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 one anachment with an address.

**FILED** 

Apr 17 1998 8:00am

Secretary of State