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FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J96928 (3)

1. Corporation Name  
BUD CHILDERS & SONS, INC.



Principal Place of Business: 1142 OLD OKEECHOBEE RD., #7 W PALM BEACH FL 33401  
Mailing Address: 1142 OLD OKEECHOBEE RD., #7 W PALM BEACH FL 33401

3. Date Incorporated or Qualified: 10/12/1987  
3a. Date of Last Report: 04/29/1996  
4. FEI Number: 65-0012067  
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 Country  
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent  
HENDELSON, LEE  
2845 N. MILITARY TR.  
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PSD                | <input type="checkbox"/> DELETE |
| NAME           | CHILDERS, ORIS R.  |                                 |
| STREET ADDRESS | 5300 BOSQUE LN #35 |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL    |                                 |
| TITLE          | C                  | <input type="checkbox"/> DELETE |
| NAME           | CHILDERS, ORIS R.  |                                 |
| STREET ADDRESS | 5300 BOSQUE LN #35 |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL    |                                 |
| TITLE          | VD                 | <input type="checkbox"/> DELETE |
| NAME           | CHILDERS, MARIA G. |                                 |
| STREET ADDRESS | 5300 BOSQUE LN #35 |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL    |                                 |
| TITLE          | TD                 | <input type="checkbox"/> DELETE |
| NAME           | CHILDERS, MARK G.  |                                 |
| STREET ADDRESS | 5300 BOSQUE LN #35 |                                 |
| CITY-ST-ZIP    | W PALM BEACH FL    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 or in an attachment to this report.

SIGNATURE: *[Signature]* DATE: B-31-97 (561) 833-7130

CR2E034 (9/96)