

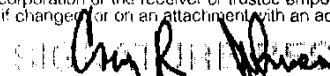


FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 14 1997 8:00am Secretary of State	
DOCUMENT # K37512 (6)					
1. Corporation Name BUSTER CORPORATION					
Principal Place of Business PO BOX 13386 2718 CENTERVILLE RD TALLAHASSEE FL 32317 US		Mailing Address PO BOX 13386 2718 CENTERVILLE RD TALLAHASSEE FL 32317-3386 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1988	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/24/1996	
22. City & State		27. City & State		4. FEI Number 59-2914842	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, BRUCE M. CRAIG JOHNSON 2718 CENTERVILLE RD TALLAHASSEE FL 32317 32308				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE Cray R Johnson				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
85. Zip Code				FL	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DV JOHNSON, BRUCE M. 2909 BUAL RISE COURT TALLAHASSEE FL				1.1 TITLE Change Addition	
1.2 NAME JOHNSON, CRAIG R. 1530 MERRY OAKS CT TALLAHASSEE FL				1.2 NAME Change Addition	
1.3 STREET ADDRESS 2757 Oak Park CT 32308				1.3 STREET ADDRESS Change Addition	
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP Change Addition	
2.1 TITLE				2.1 TITLE Change Addition	
2.2 NAME				2.2 NAME Change Addition	
2.3 STREET ADDRESS				2.3 STREET ADDRESS Change Addition	
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP Change Addition	
3.1 TITLE				3.1 TITLE Change Addition	
3.2 NAME				3.2 NAME Change Addition	
3.3 STREET ADDRESS				3.3 STREET ADDRESS Change Addition	
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP Change Addition	
4.1 TITLE				4.1 TITLE Change Addition	
4.2 NAME				4.2 NAME Change Addition	
4.3 STREET ADDRESS				4.3 STREET ADDRESS Change Addition	
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP Change Addition	
5.1 TITLE				5.1 TITLE Change Addition	
5.2 NAME				5.2 NAME Change Addition	
5.3 STREET ADDRESS				5.3 STREET ADDRESS Change Addition	
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP Change Addition	
6.1 TITLE				6.1 TITLE Change Addition	
6.2 NAME				6.2 NAME Change Addition	
6.3 STREET ADDRESS				6.3 STREET ADDRESS Change Addition	
6.4 CITY - ST - ZIP				6.4 CITY - ST - ZIP Change Addition	
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 if changed or on an attachment with an address.					
SIGNATURE:  4/8/97 386 2354					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)