

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

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K85450 (0)**

1. Corporation Name  
**BUTZCO, INC.**



Principal Place of Business <b>842 SW NICHOLS TERRACE                  PT. ST. LUCIE FL 34953</b>	Mailing Address <b>842 SW NICHOLS TERRACE                  PT. ST. LUCIE FL 34953-2809</b>
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3. Date Incorporated or Qualified <b>05/04/1989</b>	3a. Date of Last Report <b>03/21/1996</b>
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2. Principal Place of Business <b>21 1066 S/W Jerico Ave</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1066 S/W Jerico Ave</b> Suite, Apt. #, etc.
22 City & State <b>Port St Lucie FL.</b>	27 City & State <b>Port ST Lucie FL</b>
23 Zip <b>34953</b> Country <b>St Lucie</b>	29 Zip <b>34953</b> Country <b>ST Lucie</b>

4. FEI Number <b>65-0117714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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  
**LEE, ROBERT E  
 842 SW NICHOLS TERR  
 PT ST LUCIE FL 34953**

10. Name and Address of New Registered Agent

81 Name <b>Robert E Lee</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1066 S/W Jerico Ave</b>
83
84 City <b>Port ST Lucie</b>
85 Zip Code <b>FL 34953</b>

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: *Robert E Lee* **Robert E Lee** DATE: **4-15-97**

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	LEE, ROBERT E	
STREET ADDRESS	842 SW NICHOLS TERR	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1066 S/W Jerico Ave</b>
1.4 CITY-ST-ZIP	<b>Port ST Lucie FL. 34953</b>
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 if changed, or on an attachment with an address.

SIGNATURE: *Robert E Lee* **Robert E Lee** DATE: **4-15-97 561-878-6218**

CR2E034 (9/96)