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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

BUCKN	IER AUTO ENTERPRISES, II ce of Business REET	, ,	)7-1624		
US				3. Date Incorporated or Qualified 06/26/1989	3a. Date of Last Report 07/30/1996
2. Principal ( 21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0126970	Applied For Not Applicable
Suite, Apt	t #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Ζiρ	Country 30	8. This corporation has liability for	
<u> </u>	9. Name and Address of Curre		1901	10. Name and Address of New Re	
DI I	ICKNER, FRANKLIN F.		81 Name		
5740 GRAMERCY DR. W. PALM BEACH FL 33407			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)
			83 City		Icel 7: Octo
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (AC	PTE: Registered Agent signature requ	ulred when reinstalling)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
THILE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, FRANKLIN F.		1.2 NAME		
STREET ADDRESS	5740 GRAMERCY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	BUCKNER, ALICE A.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-SI-ZIP	W. PALM BEACH FL		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	Į.		3.2 NAME	•	
STREET ADDRESS	5		33 STREET ADDRESS		
CITY-ST-ZIF	<u></u>	F1 5,55-2	3.4 CITY-ST-ZIP		
TITLE	1	DELETÉ	4.1 TITLE		Change
NAME			4, 2 NAME		
STREET ADDRESS	<b>}</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		□ vereit	5.1 TITLE		The Part of the Pa
NAME OTOGET ASSOCIACE	.)		5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		
City-St-Zif*		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		C DULLIL	6.2 NAME		m erande m sadding.
	. 1		6.3 STREET ADDRESS		
STREET ADDRESS	`		U.S STREET KUUNESS		

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 eath; 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 3 if changed or on an attachment with an address.

**FILED** 

Apr 30 1997 8:00am

Secretary of State

0300629