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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57219

(2)

Mailing Address

KARL BUSCH INVESTMENTS, INC.

FILED
Apr 08 1998 8:00am
Secretary of State



% ANNETTE R. BUSCH 1820 NE JENSEN BCH BLVD BOX 587 JENSEN BCH FL 34957	% Annette R. Bi 1820 ne jensen Jensen BCH FL (	BCH BLVD BOX 587	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
6. Drinning Disease Duran	THE THE TEST STATES		03/15/1990	
2. Principal Place of Business	2a. Mailing Addres	S	4. FEI Number NOT APPLICABLE	Applied For
Suite, Apt #, etc.	Suite, Apt. #, e	te.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			<b>,</b>
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the ci	
24] 25 2, Name and Address of Cur	[29] rent Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
BUSCH, ANNETTE R.	Tolli Hogistorou Agolii	B1 Name	10. Harro and Addition of How Hogistones	- rigoni
2355 NE OCEAN BLVD. UNIT A-	31			
STUART FL 34996	<b>0</b> 1	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
010/41112 01000		83		
*		84 City	FI	85 Zip Code
SIGNATURE/ Lune 14	الما ب	/1	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
Signatur€, typed or printed name of registered  12. OFFICERS /	AND DIRECTORS	(InOT): Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE PID	DELE		ADDITIONS/OFIAINGES TO OFFICE IS AN	Change Addition
NAME BUSCH, KARL H	<del></del>	1.2 NAME		•
STREET ADDRESS 2355 NE OCEAN BLVD. 31	-A	1.3 STREET ADDRESS		
CITY-ST-ZIP STUART FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELÊ		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		2 2 NAME	•	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - ST - ZIP		
TITLE	☐ DELE	TE 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	DELE			Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	T prin	4 4 CITY - S1 - 7IP		Change Talaire
TITLE	☐ DELE			Change Addition
NAME		5 2 NAME		-4>~
STREET ADDRESS		5 3 STREET ADDRESS		illo
CHY-ST-ZIP	DELE	5 4 CITY - ST - ZIP		- Lohange Addition
TITLE	Date		3000024835 -04/03/38010030	TIP purition
NAME CTREET ADDRESS		6.2 NAME	***163.75	"Net" Ter"
STREET ADDRESS		6 3 STREET ADDRESS	in the state of th	
CRY-ST-ZIP  14. I hereby certify that the information supplied	with this filing does not a	6.4 City-\$t-ZIP	in Section 119.07(3)(i), Florida Statutes. I further c	certify that the information
	ntal annual report is true ac ecciver or trustee empowe	nd accurate and that my signa and to execute this report as re	ture shall have the same legal effect as if made upquired by Chapter 607, Florida Statules; and that	