

" Amended 1998 Annual Report "

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 NOV -9 PM 2:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86166
 1. Corporation Name

BUYERS CLUB, INC

Principal Place of Business <u>22 PARK STREET SOUTH</u> <u>St. Petersburg FL 33707</u>	Mailing Address <u>SAME</u>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>JUNE 1988</u>	
4. FEI Number <u>59-2932561</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <u>22 Park Street So.</u>	2a. Mailing Address 26 <u>22 Park Street So.</u>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <u>St. Pete., FL</u>	City & State 28 <u>St. Pete., FL</u>
Zip 24 <u>33707</u>	Country 25 <u>U.S.</u>
City & State 29 <u>St. Pete., FL</u>	Zip 30 <u>33707</u>
Country 25 <u>U.S.</u>	Country 30 <u>U.S.</u>

9. Name and Address of Current Registered Agent
DAVID F. LYONS
10297 130th STREET
LARGO FL 33774

10. Name and Address of New Registered Agent	
81 Name <u>KAREN L. LANG</u>	
82 Street Address (P.O. Box Number is Not Acceptable) <u>8737 BARDMOOR PLACE, #202</u>	
83	
84 City <u>LARGO</u>	85 Zip Code <u>FL 33777</u>

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 Karen L. Lang, President/Sec/Treas. KAREN L. LANG August 1, 1998
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <u>Pres/Sec/Treas.</u>	<input checked="" type="checkbox"/> DELETE
NAME <u>DAVID F. LYONS</u>	
STREET ADDRESS <u>10297 130th STREET</u>	
CITY-ST-ZIP <u>LARGO FL 33774</u>	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <u>President Sec. Treas.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <u>KAREN L. LANG</u>	
1.3 STREET ADDRESS <u>8737 BARDMOOR PLACE, #202</u>	
1.4 CITY-ST-ZIP <u>LARGO, FL 33777</u>	
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 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: Karen L. Lang, KAREN L. LANG 8-1-98 (727) 343-5230
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)