

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005310 (5)
1. Corporation Name
BUCK LAKE ALLIANCE, INC.



Principal Place of Business 6089 REDFIELD CIRCLE TALLAHASSEE FL 32311	Mailing Address 6089 REDFIELD CIRCLE TALLAHASSEE FL 32311-9568
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21 Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last Report
4. FEI Number 59-3411946	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TOMASELLO, TOM
WATKINS, TOMASELLO & CALEEN, P.A.
1315 E LAFAYETTE ST SUITE B
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP + D	<input type="checkbox"/> DELETE
NAME	Mike Kasturko	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S + D	<input type="checkbox"/> DELETE
NAME	Robin Will	
STREET ADDRESS	7606 Skipper Lane	
CITY-ST-ZIP	TLH, FL 32311	
TITLE	T + D	<input type="checkbox"/> DELETE
NAME	Shannon Starnce	
STREET ADDRESS	8673 Buck Lake Rd	
CITY-ST-ZIP	TLH, FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Stella Furjanic	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	Phil Cosmeier	
STREET ADDRESS	6891 Hanging Vine Way	
CITY-ST-ZIP	TALL FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kathy Watkins	
STREET ADDRESS	7657 Tanya Ct.	
CITY-ST-ZIP	TLH, FL 32311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)