

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

FILED

Apr 24 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 # **P93000000783 (9)**

1. Corporation Name

**BUY-TAC CORPORATION**

Principal Place of Business

**25250 SW 145 AVE  
HOMESTEAD FL 33032**

Mailing Address

**25250 SW 145 AVE  
HOMESTEAD FL 33032-5339**



3. Date Incorporated or Qualified

**01/06/1993**

3a. Date of Last Report

**02/06/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**SMITH, GARY V  
% LYONS AND SMITH, P.A.  
1230 NW 7 ST  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**NAME  
STPD  
SIZEMORE, BETTY L  
25250 SW 145 AVE  
HOMESTEAD FL**

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ DELETE

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1.33 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

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1.33 CITY-ST-ZIP ☐ Change ☐ Addition

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: **X**

**Betty Sizemore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/97**  
Date

**305-258 1851**  
Daytime Phone #

CR2E034 (9/96)