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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

#### DOCUMENT # P9300000783 (9)

### **BUY-TAC CORPORATION**

# **FILED** Apr 02 1998 8:00am Secretary of State



Principal Placi	e of Business	Mailing Address								
25250 SW 145 AVE HOMESTEAD FL 33032		25250 SW 145 AVE	25250 SW 145 AVE HOMESTEAD FL 33032							
HOMESTEAU	FC 33002	HOWESTERD LE 3303	36			DO NOT WRITE	IN THIS S	PACE		
]						3. Date Incorporated or Qualified				
						01/06/1993				
2. Principal P	lace of Business	2a. Mailing Address			··-·	4. FEI Number			Applied For	
21		26				65-0395009			Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional	
22		27				5. Certificate of Status Desired		•	Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.0	<b>)0</b> May Be	
23		28	8			Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Count			8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. X Yes No				
	9. Name and Address of Curre	ent Registered Agent			,	10. Name and Address of New Re	gistered /	gent		
SM	NTH, GARY V			81	Name					
96 1	LYONS AND SMITH, P.A.					Address (P.O. Box Number is Not Acceptable)				
	30 NW 7 ST		,			. Address (F.O. add Number is Not Addeptable)				
	AMI FL 33125			83						
				0.4	0			laal o		
				84	City		FL	85   Z	ip Code	
11. Pursuant I	to the provisions of Sections 607.05	02 and 607 1508, Florida Sta	atutes, the at	OOVE	e-named cor	poration submits this statement for the p	ourpose of	changin	g its registered	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such change wa	as authorized Florida Stat	yd b	the corpora	ation's board of directors. I hereby acco	pt the appo	ointment	as registered	
"	THE BUILD WITH AND ACCEPT THE ODIT	ganons or, decitor oor social	i iorida otat	utco	1.					
SIGNATURE	Signature, typod or printed name of registered a	gent and title d applicable (f	NOTE: Registered	i Age	int signature requ	vired when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.	•	<del></del>	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12	
TITLE .	STPD	DELETE	☐ DELETE 1.1 TO					Chang	ORS IN 12 pe Addition	
NAME	SIZEMORE, BETTY L		1.2 NA	1.2 NAME						
STREET ADDRESS	25250 SW 145 AVE		1.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL		1.4 CF	IY-SI	r-ZIP					
TITLE		DELETE	21 TI					Chang	e Addition	
NAME			2.2 NA	2.2 NAME						
STREET ADDRESS			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP			2 4 CI	TY-S	T - 71P					
TITLE		DELETE	3170		,, <u>+,,</u>			Chang	e Addition	
NAME			3.2 NA	MF				•		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP										
TITLE	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			<del> </del>	Chang	e Addition	
NAME	, went			4.1 NAME				~	,	
1					*DDDCC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		I - ZIP			Chang	e Addition	
TITLE		☐ hereit		5.1 TITLE				TT ANNUE	ie L Woulfoll	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		M 25-1-5-1-	5.4 CIT		1 - ZIP			T 1.00		
TITLE		☐ DELETE	6 1 TIT					Chang	e L Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-S1	I-ZIP					
	and the state of the section of the state	the state of the s				Castley 440 OZIOVI) Flacida Ctatalan I		CONTRACTOR AND ADDRESS.	<del></del> 1	

Thereby 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 roport 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. 2 11

3/00/00