## 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 # P9300003164 (9)

Country

9. Name and Address of Current Registered Agent

25

STATON, JAMES W

BUY RIGHT REAL ESTATE, INC.

Principal Place of Business 4517 SW 38TH TER FT LAUDERDALE FL 33312-5409

2. Principal Place of Business

Sulte, Apt. #, etc

SIGNATURE:

City & State

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

4517 SW 38TH TER

FT LAUDERDALE FL 33312-5409

## FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 01/14/1993

65-0393535

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

FT LAUDERDALE FL 33312-5409			Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					hanging i	ts registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If 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 registerical agent and bits if explicable (NOTE Registered Agent signature required when reinstating)  DATE						
12. OFFICERS AND DIRECTORS 13.						
TITLE		TITLE			Change	Addition
NAME	OTATON MARCO W	1.2 NAME		_	_ ,	
STREET ADDRESS	4547 OW OOTH TED	1.3 STREET ADDRESS				
CITY-ST-ZIP	ET LAUDEDONE EL 20040	1.4 C/TY-ST-ZIP				)
TITLE		TITLE			Change	Addition
NAME	2.2	NAME				i
STREET ADDRESS	23	2.3 STREET				ì
CITY-ST-ZIP	2.4	2 4 CITY-ST-Z				1
TITLE	DELETE 3.1	3.1 TITLE			Change	Addition
NAME	3.2	NAME				1
STREET ADDRESS	3.3	STREET	ADDRESS			
CITY - ST - ZIP	. 34.	3 4. CITY - ST - ZIF				
TITLE	☐ DELETE 41	4.1 TITLE			Change	Addition
NAME	4.2	NAME				ľ
STREET ADDRESS	4.3	STREET	address			
CITY-ST-ZIP		CITY-S	- ZIP			
TITLE	☐ DELETE 51	TITLE		[ <u>[</u>	Change	☐ Addition
NAME	5.2	NAME				
STREET ADDRESS	5.3	STAEET .	<b>L</b> ODRESS			ĺ
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE 61	6 1 TITLE		L	Change	☐ Addition
NAME	6.2	NAME				
STREET ADDRESS	63	STREET	ADDRESS			
CITY - ST - ZIP		CITY-SI				
14. I hereby certify that the information supplied with Visit filling 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 suppliemental 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 recover or try-lice 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 altastiment with an address.						

Country

81 Name

30