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1996 MAY -1 AM 9:29

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016072 (9)

1. Corporation Name
BUFFALO'S OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **320 E. TENNESSEE STREET TALLAHASSEE FL 32301**
Mailing Address: **POST OFFICE BOX 966 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified 03/02/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2962247	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**JACKSON, EDDIE
320 EAST TENNESSEE STREET
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
1355 Market St.
83.
84. City **Tallahassee** FL 85. Zip Code **32312**

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: *Eddie Jackson* DATE: **4-22-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P AZAR, NORMAN	<input type="checkbox"/>
NAME	905 E. FAIRVIEW	
STREET ADDRESS	MONTGOMERY AL 36108	
CITY-ST-ZIP		
TITLE	VPT JACKSON, EDDIE	<input type="checkbox"/>
NAME	320 E. TENNESSEE ST.	
STREET ADDRESS	TALLAHASSEE FL 32302	
CITY-ST-ZIP		
TITLE	S LEWIS, DON	<input checked="" type="checkbox"/>
NAME	22051 US HIGHWAY 19N	
STREET ADDRESS	CLEARWATER FL 34625	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1355 Market St		
2.4 CITY-ST-ZIP	Tallahassee, FL 32312		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0301, 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: *Eddie Jackson* DATE: **4-22-96** 904 224 9959

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