PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P93000021890 (7)

FILED
1995 AUG -1 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BUY SERVICES INC.

Principal Place of Business	Mailing Address
2708 N AUSTRALIAN AVE SUITE 7 WEST PALM BEACH FL 33407	2708 N AUSTRALIAN AVE SUITE 7 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 06/02/1994

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

4. FEI Number: 65-0407621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, NINA
2708 N AUSTRALIAN AVE
SUITE 7
WEST PALM BEACH FL 33407

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: Nina C. Brown NINA C. BROWN DATE: 7/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, LINDA C	12 NAME	
STREET ADDRESS	5640 SW 4 ST	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, JIMMIE	22 NAME	
STREET ADDRESS	5640 SW 4 ST	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, NINA	32 NAME	
STREET ADDRESS	131 HAWTHORNE DR	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, MASON	42 NAME	
STREET ADDRESS	131 HAWTHORNE DR	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KNIGHTON, BETTYE W	52 NAME	
STREET ADDRESS	2200 AVE F	53 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KNIGHTON, OTIS JR.	62 NAME	
STREET ADDRESS	2200 AVE F	63 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	64 CITY-ST-ZIP	

CR2E034 (3/95)

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 119.07(3)(k), 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: Nina C. Brown 7/27/95 (407) 835-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NINA C. BROWN

0092030 CP