

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000021890 (7)

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

3. Date Incorporated or Qualified
03/24/1993

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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 (applicable)

(If Other: Registered Agent's signature required when not starting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	BROWN, LINDA C	
STREET ADDRESS	5840 SW 4 ST	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	DELETE
NAME	BROWN, JIMMIE	
STREET ADDRESS	5840 SW 4 ST	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	DELETE
NAME	BROWN, NINA	
STREET ADDRESS	131 HAWTHORNE DR	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE	D	DELETE
NAME	BROWN, MASON	
STREET ADDRESS	131 HAWTHORNE DR	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE	D	DELETE
NAME	KNIGHTON, BETTYE W	
STREET ADDRESS	2200 AVE F	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	
TITLE	D	DELETE
NAME	KNIGHTON, OTIS JR.	
STREET ADDRESS	2200 AVE F	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nina Brown

NINA BROWN

7/29/96 (561) 835-4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Copy to: Please

CR2E034 (3/96)