

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 002 ***550.00

DOCUMENT # P93000021890

1. Corporation Name

BUY SERVICES INC.

Principal Place of Business

2708 N AUSTRALIAN AVE
SUITE 7
WEST PALM BEACH FL 33407

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BROWN, LINDA C
STREET ADDRESS 5640 SW 4 ST
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE
NAME BROWN, JIMMIE
STREET ADDRESS 5640 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nina C. Brown

1/15/98

Date

Daytime Phone #

CR2E034 (11/98)