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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000056758 (4)

1. Corporation Name
BUCKMAN ASSOCIATES, INC.



Principal Place of Business

3445 NW 55TH ST.
FT. LAUDERDALE FL 33309
US

Mailing Address

3445 NW 55TH ST.
FT. LAUDERDALE FL 33309-6308
US

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 5837 NW 33 AVE

2a. Mailing Address

26 5837 NW 33 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FT LAUDERDALE FL

Zip Country

24 33309

27 City & State

28 FT LAUDERDALE FL

Zip Country

29 33309

4. FEI Number

65-0370699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BUCKMAN, ELCHA S
6488 SWEET MAPLE LANE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

ELCHA S. BUCKMAN

82 Street Address (P.O. Box Number is Not Acceptable)

5837 NW 33 AVE

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33309

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 agent 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 *Elcha S. Buckman*
(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
BUCKMAN, ELCHA S
STREET ADDRESS
6488 SWEET MAPLE LANE
CITY - ST - ZIP
BOCA RATON FL

1.2 TITLE ☐ DELETE

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

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1.29 TITLE ☐ DELETE

1.30 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS ☒ Change ☐ Addition

1.4 CITY - ST - ZIP ☒ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE *Elcha S. Buckman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)