

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

FILED

Feb 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000059988 (4)**

1. Corporation Name  
**BUCKMASTER & ASSOCIATES, INC.**



Principal Place of Business <b>5217 OAK CHARTER CT. TAMPA FL 33617</b>	Mailing Address <b>5217 OAK CHARTER CT. TAMPA FL 33617-1255</b>
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3. Date Incorporated or Qualified <b>08/26/1993</b>	3a. Date of Last Report <b>06/24/1996</b>
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2. Principal Place of Business <b>21 1465 WEST BUSCH BLVD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>21 1465 W. BUSCH BLVD</b> Suite, Apt. #, etc.
City & State <b>22 TAMPA, FL</b>	City & State <b>22 TAMPA, FL</b>
Zip <b>23 33612</b>	Zip <b>23 33612</b>
Country <b>24 USA</b>	Country <b>24 USA</b>

4. FEI Number <b>59-3327093</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**BUCKMASTER, SEAN A  
1465 W. BUSCH BLVD.  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 understand with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCEO</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUCKMASTER, SEAN A</b>		1.2 NAME <b>BUCKMASTER, SEAN A</b>	
STREET ADDRESS <b>5217 OAK CHARTER CT.</b>		1.3 STREET ADDRESS <b>1465 W. BUSCH BLVD</b>	
CITY, ST, ZIP <b>TAMPA FL 33617</b>		1.4 CITY, ST, ZIP <b>TAMPA, FL 33612</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97 (813) 985-1212  
Date Daytime Phone #

CR2E034 (9/96)