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

DOCUMENT # P93000074250

BUYERS CENTRAL BEALTY, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90070 043 ***150.00

	OLIVINE HEALTY WO						
Principal Place	e of Business	Mailing Address			hitti iii iit katti ii ii ii		1111 11011 11011
6011 RODMAN	-ST	2110 SOUTHWEST 66 AVENU	JE				
HOLLYWOOD FL 33023 MIRAMAR FL 33023				חס אסז	WRITE IN THIS	CDACE	
		US		3. Date Incorporated or Qu		SFACE	
				10/20/1993	ameu		
2 Deinainal D	lane of Business	2a. Mailing Address		4. FEI Number		Ann	lied For
2. Principal Place of Business 21 2105W66 FV. 26				65-0551479		 	Applicable
21		Suite, Apt. #, etc.				\$8.75 A	
	AMAR FI.	27		5. Certificate of Status Desir	red 🗆	Fee Rec	
City & State (), City & State				6. Election Campaign Finar	ncina —	\$5.00	vlav Be
23 33023 USA 28				Trust Fund Contribution		Added to	
Zip Country Zip			Country	8. This corporation owes th	e current year Inta	angible	
24) [25]	29 3	30	Personal Property Tax.		☐ Yes [□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of	New Registered	Agent	
			81 Name	DUNHAM, T	Homas	2	
	HAM, THOMAS		82 Street Add	ress (P.O. Box Number is Not A			
	RODMAN ST		0.000,743				
HOLLYWOOD FL 33023			83 291	10 500 66	A-/		
			84 City 10			85 Zip C	ode
			'	MIRAMAR	<u>FL</u>	3 3	'023 <u> </u>
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement f	or the purpose of	changing its r	egistered istered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Floric	da Statutes.	on's board of directors. Thereby	accept the appoin	itinoitt ab iog	
SIGNATURE							
SIGNATIONE	Signature, typed or printed name of registered ag		Registered Agent signature require		DATE	D DIDEATAI	70 101 40
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AN	Change	Addition
TITLE	DP CUEDDON	☐ DELETE	1.1 TITLE			□ ondrige	
NAME	DUNHAM, SHERRON		1.2 NAME				
STREET ADDRESS	2110 SW 66TH AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33023		1				Addition
TITLE		C printe	1.4 CITY-ST-ZIP			Change	
	DST TIOMAS	☐ DELETE	2.1 TITLE			☐ Change	
NAME	DUNHAM, THOMAS	☐ DELETE	2.1 TITLE 2.2 NAME		•	Change	
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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 organ attachment with an address, with all other like empowered.

SIGNATURE: