FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020864 (2)**

1. Corporation Name
BUCO PROPERTIES, INC.

Principal Place of Business	Mailing Address
2033 MAIN ST. SUITE 600 SARASOTA FL 34237	2033 MAIN ST. SUITE 600 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number: 65-0559263 — [X] Applied For [ ] Not Applicable

Suite, Apt. #, etc. 22: Suite 101
Suite, Apt. #, etc. 27: Suite 101

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

City & State 23
City & State 28

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

Zip 24 / County 25 / Zip 29 / County 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN ST.
SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 101
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 _____ DATE _____
(Signature, Typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change [ ] Addition
NAME	ALBINO, GEORGE	12 NAME	ADDRESS
STREET ADDRESS	455 LONGBOAT CLUB RD., UNIT 803	13 STREET ADDRESS	6 INWOOD CLOSE
CITY ST ZIP	LONGBOAT KEY FL 34228	14 CITY ST ZIP	PAGET, BERMUDA PG05
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	ALBINO, JULIANNE	22 NAME	
STREET ADDRESS	6 INWOOD CLOSE	23 STREET ADDRESS	
CITY ST ZIP	PAGET, BERMUDA PG05	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	RETURNED BY MAY 1
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: George R. Albino GEORGE R. ALBINO April 30, 1995 809 236 2615
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0343210 CP