

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

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000043570 (8)**

1. Corporation Name

THE BUCHANAN GROUP OF BREVARD, INC.

Principal Place of Business

**ATTN: DEBORAH L. LANGEN
375 COMMERCE PARKWAY, SUITE 201
ROCKLEDGE FL 32955**

Mailing Address

**ATTN: DEBORAH L. LANGEN
375 COMMERCE PARKWAY, SUITE 201
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3253043	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUCHANAN, MARK S 317 RIVEREDGE BLVD. COCOA FL 32922				81	Name BUCHANAN, MARK S.
				82	Street Address (P.O. Box Number is Not Acceptable) 375 COMMERCE PARKWAY
				83	SUITE 201
				84	City ROCKLEDGE
				85	Zip Code FL 32955

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, MARK S	1.2 NAME	
STREET ADDRESS	317 RIVEREDGE BLVD.	1.3 STREET ADDRESS	375 COMMERCE PARKWAY SUITE 201
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	ROCKLEDGE FLORIDA 32955
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DONALD J	2.2 NAME	
STREET ADDRESS	317 RIVEREDGE BLVD.	2.3 STREET ADDRESS	375 COMMERCE PARKWAY SUITE 201
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	ROCKLEDGE FLORIDA 32955
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, TONI M	3.2 NAME	
STREET ADDRESS	317 RIVEREDGE BLVD.	3.3 STREET ADDRESS	375 COMMERCE PARKWAY SUITE 201
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	ROCKLEDGE FLORIDA 32955
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGEN, DEBORAH L	4.2 NAME	
STREET ADDRESS	317 RIVEREDGE BLVD	4.3 STREET ADDRESS	375 COMMERCE PARKWAY SUITE 201
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	ROCKLEDGE FLORIDA 32955
TITLE		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		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 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 in change I, or on an attachment with an address

SIGNATURE:

[Signature]

3-3-98 407
631-0070

CR2E034 (10/97)