FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

CITY-ST-ZIE

SIGNATURE:

1. Corporation	MENT # P9400 M. BUKSZAR, INC.	0057024 (9)								HI HOU BIOL HEE
Principal Place	of Business	Mailing Address			-	E OBOHODO AND COMO DIBIO		BOUR DURING			
9410 N EDISON AVE TAMPA FL 33612		9410 N EDISON AVE TAMPA FL 33612									
						3.	Date Incorporated or 0 08/01/1994	Dualified		of Last 3/17/19	
2. Principal Pi 21	ace of Business	2a. Mailing Address 26				4.	FEI Number 59-3261192		I-	Ť	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certificate of Status De	eirad	-d	\$8.7	Not Applicable 5 Additional
City & State	· · · · · · · · · · · · · · · · · · ·	City & State							×(e Required
[23]	, 	28				Ь.	 Election Campaign Finance Trust Fund Contribution 	-			00 May Be ded to Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation has lia				
24	25 9. Name and Address of Curre	29 ent Registered Agent	30			10	Florida Statutes Name and Address		No No	Agent	
				81	Name		, wante and receives	, , , , , , , , , , , , , , , , , , ,	10gistoreu	-gont	
	R, GARY M			82	Street Addr	ess (P	O. Box Number is Not.	Acceptat	ble)		
9410 N I TAMPA I	EDISON AVE			83							
IMMEAI	-L 33012			03							
				84	City				FI	85	Zip Code
familiar wi	to the provisions of Sections 607.050 ad agent, or both, in the State of Flo th, and accept the obligations of, Sec Structure typed or pricted name of registered age.	otion 607.0505, Florida Statute	zed by the c s.	corpo	oration's boar	ra ot a	eirstating)	the app	DATE	registere	ed agent. I am
12. 1016	OFFICERS AI	ND DIRECTORS	13.	T1 F			ADDITIONS/CHANGES	TO OFF			
NAME	BUKSZAR, GARY M		1. 1 TI 1.2 N/						ι	Change	e 🔲 Addition
STREET ADDRESS	9410 N EDISON AVE		- 1		ADDRESS						
CITY - ST - ZIP	TAMPA FL 33612		1 4 CI	TY-S	1-2IP					_	
10°LF	D Bukszar, gary M	☐ DELFTE	2. 1 (1						Ī	Change	e Addition
NAME STREET ADDRESS	9410 N EDISON AVE		22 NA		ADDRESS						
CITY - ST - ZIP	TAMPA FL 33612		2 4 CI								
1011		☐ DELETE	3 1 TI						Ü	Change	e Addition
NAME			3 2 N/A								
STREET ADDRESS					ADDRESS						
CITY - ST - ZiP TITLE		☐ DELETE	34 CI 4 1 Ti		- 211		<u> </u>		Г	Change	B Addition
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STREET ADDRESS			4351	REET	ADDRESS						
CITY ST-ZIF		F1 britte	4 4 CI	_	I - ZIP		·····				
TOLE NAME		☐ DEFELE	5 1 TI 5 2 NA						ί	Change	B Addition
STREET ADORESS					ADDRESS						
CITY-S1-ZIF			5.4 C/								
1111.F		☐ DELETE	6 1 Ti	TLE						Change	e 🔲 Addition
NAME			€ 2 N.4								
STREET ADDRESS	I		1000	occr	Annoree						

6 4 CHTY - 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)(k), 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 cath, 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, of an analyschment with an address