

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000028154 (9)**  
1. Corporation Name

**AMERICAN BUYING SERVICE, INC.**



Principal Place of Business: **3680 S.R. 44 NEW SMYRNA BEACH FL 32168**  
Mailing Address: **3680 S.R. 44 NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Organized: **04/10/1995** 3a. Date of Last Report  
4. FEI Number: **59-3313147** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **JACOBSON, RICHARD A 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA FL 33602**

81. Name: **JACOBSON, RICHARD A**  
82. Street Address (P.O. Box Number is Not Acceptable): **501 EAST KENNEDY BLVD.**  
83. **SUITE 1700**  
84. City: **TAMPA** 85. Zip Code: **FL 33602**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(4), 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 607.05(2), Florida Statutes.

SIGNATURE: **Rochelle Weithorn** (Name) **4/4/96** (Date)  
12. OFFICERS AND DIRECTORS  DELETE **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WEITHORN, ROCHELLE</b>		2. NAME:	
STREET ADDRESS: <b>3680 S.R. 44</b>		3. STREET ADDRESS:	
CITY, ST, ZIP: <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5. TITLE:	
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	8. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		9. TITLE:	
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	12. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		13. TITLE:	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	16. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		17. TITLE:	
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	20. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct 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 officer 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 of this report, or on an attachment with an address.

SIGNATURE: **Rochelle Weithorn** (Signature) **4/4/96** (Date) **904-423-4101** (Phone)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)