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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000087286 (7) DOCUMENT # 1. Corporation Name CYNTHIA BUCHANAN, INC. Mailing Address Principal Place of Business 9134 BROOKER DRIVE 9134 BROOKER DRIVE **NEW PORT RICHEY FL 34655** NEW PORT RICHEY FL 34655 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business **59-**23530. Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has lability for intangine tax under s 199 032, Florida Statutes ☐ Yes No Country Zio Country Zιο 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Nam∈ Street Address (P.O. Box Number is Not Acceptable) **BUCHANAN, CYNTHIA** 82 9134 BROOKER DRIVE 83 **NEW PORT RICHEY FL 34655** 85 Zip Code City 84 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. Thereby accept the appointment as registered agent. Lance familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DEL E TE TITLE PRESIDELLI 1.2 NAME SYMMA BUCHANAN NAME 1.3 STREET ACORES! STREET ADDRESS 9134 BROOKER 1.4 CITY - \$1 - ZIP CITY ST-ZIP Addition Change 2 1 TillE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACCRESS 2.4 CITY- ST. ZIE CITY-ST-ZIP Addition Change: [] DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE 4 ' TITLE TITLE 4.2 NAME NAME 200001824392 4.3 STREET ADDRESS -05/16/96--01038--038 STREET ADDRESS 4.4.0-TY - ST - ZIP CITY - ST - ZIP ***200.00 Addition ☐ Change [] DELETE 5.3 TITLE Title 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY - \$1 - Z/P CITY - \$1 - ZIP DELFTE 6 1 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - 5* - 7\P 14. Too 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 logal 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 property in Florida 13 of Florida Statutes are proposed for no an attentional with no extraction. CITY - ST - ZIP appears in Block 12 or Blo