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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

DOCUMENT # P95000087286 (7)

CYNTHIA BUCHANAN, INC.

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Date do et Dive					
Principal Place of Business		•	Mailing Address		
9134 BROOKER DRIVE NEW PORT RICHEY FL 34655		9134 BROOKER DRIVE NEW PORT RICHEY FL 34655-1228			
				3. Date Incorporated or Qualified 11/14/1995	3s. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3353050	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		D. Softmode of States Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T. Country	[28]		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Curren	29 3	0]	Fiorida Statutes L  10. Name and Address of New Re	
PIN	HANAN, CYNTHIA	t trogretorou Agorit	81 Name(		giotorou Agent
	BROOKER DRIVE		·   \	SOCHUMACIOIALL	[
	PORT RICHEY FL 34655		82 Street	Address (P.O. Prox. Number is Not Acceptab	<b>8</b> T
1454	FORT RIGHET IE STOSS		83	0000	<u> </u>
			84 900	WHAT MULLY	FL 85 33485V
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statiutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. 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, typed or printed name of registered ages	of and title if applicable (NOTC)	legistered Agent signature	required wher: reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.4 TOTLE	0.000	Change
NAME	BUCHANAN, CYNTHIA		1.P NAMÉ	BUCHANAN CYNTH	117
STREET ADDRESS	9134 BROOKER DRIVE		1.8 STREET ADDRESS	CRYP CHITCHOD GOL	510
CITY-ST-ZIP	NEW PORT RICHEY FL 34855		1.4 CHY-ST-ZIP	NOW PORT DIGHEY	FUA 34651
TITLE		☐ DELETE	21 TITLE	/	Change Addition
NAME			2 P NAME		
STREET ADDRESS			. 2.8 STREE1 ADDRESS		
CITY-ST-ZIP			2. 4 C/1Y - ST - 7/P		
TITLE		☐ DELETE	3.4 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 B STREET ADDRESS		
CITY-ST-ZIP		Driete	3 4. C(1Y - S1 - Z(P	<del></del>	Observe Addition
TITLE		∟ DELETE	4.1 TiTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY-ST-ZIP		☐ Change ☐ Addition
TITLE		L. J DELETE	5.1 TITLE		☐ onange ☐ Audition
NAME PARET LODDECC			5.2 NAME		
STREET ADDRESS			5.B STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-7IP		Change Addition
HILE		□ DELEHE	64 THLE		E Gnange E Audition

14. I do 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 angual 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 tipic 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 of Changed, or on an attachment with an address.

6.B STREET ADDRESS