

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000037465

1. Corporation Name  
BUYMART.COM, INC.

Principal Place of Business  
612 BELLE ISLE AVENUE  
BELLEAIR BEACH FL 33786  
US

Mailing Address  
612 BELLE ISLE AVENUE  
BELLEAIR BEACH FL 33786  
US

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90058 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

59-3377707

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JAMES R JR.  
612 BELLE ISLE AVENUE  
BELLEAIR BEACH FL 33786

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*James R. Davis Jr.* JAMES R. DAVIS JR. PRESIDENT

3-25-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DAVIS, JAMES R JR.  
STREET ADDRESS 612 BELLE ISLE AVENUE  
CITY-ST-ZIP BELLEAIR BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DAVIS, MARCIA E  
STREET ADDRESS 612 BELLE ISLE AVENUE  
CITY-ST-ZIP BELLEAIR BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DAVIS, ROBERT SCOTT  
STREET ADDRESS 230 JAY STREET, APT. 8-G  
CITY-ST-ZIP BROOKLYN NY 11201

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME DAVIS, ROBERT SCOTT  
3.3 STREET ADDRESS 44 STRAWBERRY HILL AVE APT 11L  
3.4 CITY-ST-ZIP STAMFORD, CT 06902

TITLE D ☐ DELETE

NAME STEVENS, ALLEN L  
STREET ADDRESS 585 OLD STAMFORD ROAD  
CITY-ST-ZIP NEW CANAAN CT

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME RIVERS, MARCIA  
STREET ADDRESS 11863 RAIN TREE DRIVE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James R. Davis Jr.* JAMES R. DAVIS JR. PRESIDENT 3-25-99 727-593-3754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)