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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9

P96000054794 (8)

BUYER'S EDGE REALTY, INC.

Principal Place of Business Mailing Address 639 EAST OCEAN AVENUE #404 639 EAST OCEAN AVENUE #404 FIRST FINANCIAL PLAZA FIRST FINANCIAL PLAZA DO NOT WRITE IN THIS SPACE BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 06/27/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 65-0678066 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARLAGE, PHILIP L 639 EAST OCEAN AVENUE #404 Street Address (P.O. Box Number is Not Acceptable) FIRST FINANCIAL PLAZA 83 **BOYNTON BEACH FL 33435** City 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, typod or printed name of registered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE BARLAGE, PHILIP L 1.2 NAME NAME 639 EAST OCEAN AVENUE #404 1.3 STREET ADORESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 gupplemental 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 corporate from 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 changes of the corporate from the receiver of th