## 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 # **P96000054794**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

BUYER'S EDGE REALTY, INC.

Mailing Address Principal Place of Business 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 Qualifed 06/27/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0678066 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARLAGE, PHILIP L Street Address (P.O. Box Number is Not Acceptable) 82 639 EAST OCEAN AVENUE #404 FIRST FINANCIAL PLAZA 83 **BOYNTON BEACH FL 33435** Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME BARLAGE, PHILIP L NAME 639 EAST OCEAN AVENUE #404 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME

CITY-ST-ZIP 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 of 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 chapter, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

☐ Change

☐ Addition

FILED May 03, 1999 8:00 am

Secretary of State

05-03-1999 90002 044 \*\*\*150.00

CR2E034 (11/98)