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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600088566 (0)

BUSY BEE BROKERAGE & LIQUIDATION, INC.

| Principal Place of Business |  |
|-----------------------------|--|
| 2639 PINEWOOD BLVD. EAST    |  |

Mailing Address

## **FILED** May 07 1997 8:00am Secretary of State



| 2639 PINEWOOD BLVD. EAST<br>MIDDLEBURG FL 32068 |   |                                  | 2639 PINEWOOD BLVD. EAST<br>MIDDLEBURG FL 32088-8524 |  |   |                              |           |
|---|---|----------------------------------|--|--|---|------------------------------|-----------|
|   |   |                                  |  |  | 3. Date Incorporated or Qualified 10/24/1996  | 3a. Date of Last Report      |           |
| 2. Principa P                                   | lace of Business                          | 2a. Mailing A                    | ddress   |  | 4. FEI Number   | Applied                      | For       |
| 21  |   | 26                               |  |  | •   | Not Appl                     |           |
| Suite Apt                                       | #, etc.                                   | Suite, Apt                       | . #, etc.  |  | _   | 60 7E A                      |           |
| 22  |   | 27                               |  |  | 5. Certificate of Status Desired  | Fee Required                 |           |
| City & State                                    | 0   | City & Sta                       | te   | ······································ | 6. Election Campaign Financing  | \$5.00 May E                 |           |
| 23  |   | 28                               |  |  | Trust Fund Contribution   | Added to Fee                 |           |
| Zip   | Country                                   | Zφ                               | Col  | untry                                  | 8. This corporation has liability for   |                              |           |
| 24  | 25  | 29                               | 30   | •                                      |   | Yes No                       | 132,      |
| =_11  | 9. Name and Address of Cu                 |                                  |  | <u> </u>                               | 10. Name and Address of New Re  |                              |           |
| 2119  | FINGTON, JOHN II                          | <del></del>                      | <del></del>  | B1 Name                                |   |                              |           |
|   |   |                                  |  |  |   | ····                         |           |
|   | PINEWOOD BLVD, EAST                       |                                  |  | 82 Street Addre                        | ess (P.O. Box Number is Not Acceptab  | ile)                         |           |
| MIU   | DLEBURG FL 32068                          |                                  |  | 63                                     |   |                              |           |
|   |   |                                  |  | 63                                     |   |                              |           |
|   |   |                                  |  | 84 City                                |   | 85 Zip Code                  |           |
|   |   |                                  |  |  |   | FLIT                         |           |
| 11. Pursuant t                                  | to the provisions of Sections 607         | .0502 and 607.1508, FI           | orida Statutes, the a                                | bove-named corp                        | poration submits this statement for the p   | urpose of changing its regis | stered    |
| agent La  | rn familiar with, and accept the o        | bligations of, Section 6         | 07.0505. Florida Sta                                 | u by the corporati<br>tutes.           | poration submits this statement for the price ion's board of directors. I hereby access | ot the appointment as regist | ereo      |
| SIGNATURE                                       | ah G Boffer.                              |                                  | BUFFILETON   |  | reland 4  | 1/30/97                      |           |
| SIGNATIONE                                      | goature, typed or probled to or registere | d agent and title it applicable. | (NOTE Registere                                      | d Agent signature require              | ed when re-instating)   | DATE                         |           |
| 12.   | OFFICERS                                  | AND DIRECTORS                    | 13.  |  | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTORS IN 1       | 2         |
| Tille   | D   | L                                | DELETE 1.1 TO  | TLE "                                  |   |                              | ddilion   |
| NAME  | BUFFINGTON, JOHN #                        |                                  | 1.2 N  | AME                                    |   |                              | 1         |
| STREET ADORESS                                  | 2639 PINEWOOD BLVD, E/                    | AST                              |  | TREET ADDRESS                          |   |                              |           |
|   | MIDDLEBURG FL 32068                       | 101                              |  |  |   |                              |           |
| City-St-Zii<br>Titte                            | MIDDLEBONG FL 32000                       |                                  | DELETE 2.1 TI  | TLE                                    |   | Change A                     | ddition   |
|   |   |                                  |  |  |   | L Creating L                 | ווטוויטעי |
| NAME  |   |                                  | 2.2 N  |  |   |                              | i         |
| STREET ADDRESS                                  |   |                                  | 2.3 S  | TREET ADDRESS                          |   |                              |           |
| CH i S! ZiP                                     |   |                                  |  | OTY-ST-ZIP                             |   | ·                            |           |
| TITLE   |   | L                                | DELETE 3.1 Ti  | TLE                                    |   | . L. Change L. A             | lddition  |
| NAME  |   |                                  | 3.2 N  | AME                                    |   |                              |           |
| STREE: ACHIRESS                                 |   |                                  | 3.3 S  | TREET ADDRESS                          |   |                              |           |
| City Sty ZIP                                    |   |                                  | 3.4. C   | ITY-ST-ZIP                             |   |                              |           |
| TITLE   |   |                                  | DELETE 4.1 Y   | TLE                                    |   | ☐ Change ☐ A                 | Addition  |
| NAME  |   |                                  | 4. 2 N   | AME                                    |   |                              |           |
| STREET ADDRESS                                  |   |                                  |  | FREET ADDRESS                          |   |                              |           |
| CITY-ST ZiP                                     |   |                                  |  | ITY-ST-ZIP                             |   |                              |           |
| Trite   |   |                                  | DELETE 5.1 TI  | · · · · · · · · · · · · · · · · · · ·  |   | Change A                     | Addition  |
| 1   |   |                                  |  | Į.                                     |   |                              | NAUTRIUTT |
| VVA.  |   |                                  | 5.2 N  |  |   | V6 (11)                      | 1         |
| STREET ADDRESS                                  |   |                                  | 5.3 \$1  | TREET ADDRESS                          |   | (*)\/ 7\ `                   | Ì         |
| City - St - ZIP                                 |   | ····                             |  | TY-ST-ZIP                              |   | <u> </u>                     |           |
| THUE  |   | L.J                              | DELETE 6.1 TI  | TLE                                    |   | Change A                     | doition   |
| NAVe  |   |                                  | 6.2 N/   | AME "                                  | 40000218  | Q7 <u>7</u> 4                |           |
| STREET ADDRESS                                  |   |                                  | 6.3 SI   | TREET ADDRESS                          | 40000218<br>-05/16/970103<br>***165.00  | 13033                        |           |
| 0/1 y - \$1 - 7/P                               |   |                                  | 640  | TY-ST-ZIP                              | ***165.00   |                              |           |
|   | by certify that the information sun       | nlied with this filing do        |  |  | Lin Section 119 07(3\(i)) Florida Statute   | I further certifu that the   |           |

Figure 19 descript that the information supplied with this filling 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 accourate and that my signature shall have the same legal effect as if made under oath; that Fam 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.

SIGNATURE: