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

**PROFIT CORPORATION** ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000091999 (8)

DEBORAH BUCKNER, P.A.

**FILED** Jan 28 1998 8:00am Secretary of State

											_				MHI		
Principal Place of Business					Mailing Address							1 10011001 110 19110 91111 44111 44111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7204 PINE TREE LANE WEST PALM BEACH FL 33406-6817					7204 PINE TREE LANE WEST PALM BEACH FL 33406-6817						1						
											DO NOT WRITE IN THIS SPACE						
											3.	Date Incorporated or Qualified					
												11/08/1996					
2. Principal Place of Business					2a. Mailing Address						4.	FEI Number		$\neg T$	Ar	plied	For
21				-	26							65-0709294		Not Applicable			
Suite, Apt. #, etc.					Suite, Apt. #, etc.						S8.75 Addition						onal
22				2	27						5. Certificate of Status Desired Fee Required						d
City & State					City & State						Election Campaign Financing \$5.00 May Be						
23				2	28							Trust Fund Contribution		•	dded	•	
Zip		Co	untry			Zip		Counti	'n		В.	This corporation owes or has p	aid the curr	ent ye	ar Int	angib	le
24		25		2	9		30				Personal Property Tax due June 30.					No	
9. Name and Address of Current Re						red Agent					10.	Name and Address of New F	egistered A	gent			
BU	ICKNER, DI	<b>EBORA</b>	Н					8	1	Name							
7204 PINE TREE LANE								8:	82 Street Add			dress (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33406-6817																	
								8:	3								
								84	-	City				85	7in	Code	
								"	•	City			FL	163	Zip.	Code	
office or	registered ac	gent, or	both, in the S	State of Fi	lorida	7.1508, Florida Statu Such change was Section 607.0505, F	autho	orized t	)V 1	named corp the corporati	oration ion's b	n submits this statement for the loard of directors. I hereby according	purpose of ept the appo	chanç pintme	ging it ant as	s regis	istered tered
SIGNATURE																	
12.	Signature, typed	d or printed	OFFICERS					13.	gent	t signature require		reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIBE	CTOF	INI 29	12
TITLE	7		OFFICENS	ANDON	ii.Ci	DELETE		1.1 TITLE				ADDITIONAL OF THE OFF	IOLITO AITE				Addition
NAME	BUCKN	ER DE	RORAH					1.2 NAME									
STREET ADDRESS			E LANE					1.3 STREI		moree							
WEST DAILY DEAGLE								1.4 CITY - ST - ZIP									
CITY-ST-ZIP TITLE	******	MEIN D	LAOITIC			DELETE		2.1 TITLE		- Z F				□ Ct	nange	$\Box$	Addition
NAME	1					Land Decert		2.2 NAME				• *	•			_	
								2.3 STREI		nnbree							
STREET ADORESS								2.4 CHY		- 1							
CITY-ST-ZIP TITLE	<del></del>					DELETE		3.1 TITLE	- 51	· LIP				П с⊦	ange		Addition
'						- occer		32 NAME						VII	9		
NAME										pporce							
STREET ADDRESS								3 3 STREE		I							
CITY-ST-ZIP	1						1.	3 4. CITY	- 51	- 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.

4.1 TITLE

4 2 NAME

51 THLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

64 CITY-ST-ZIP

44 CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition