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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082944 (4)

BUDGET BUGGIES, INC.

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**FILED** 

Apr 27 1998 8:00am

Secretary of State

|  |   |                                 |                    |                       |   | _  |                 |              |
|--|---|---------------------------------|--------------------|-----------------------|---|--|-----------------|--------------|
| Principal Place of Business Mailing Address  |   |                                 |                    |                       |   | 1 (43)143) (14 14)1 (44)1 43)1 43)1 43)1 43)1                                      |                 |              |
| 3809 NORTH ECONLOCKHATCHEE TRAIL 3609 NORTH ECONLOCKI<br>ORLANDO FL 32817 ORLANDO FL 32817 |   |                                 |                    | E TRAI                | L   |  |                 |              |
|  |   |                                 |                    |                       |   | DO NOT WRITE IN THIS SPACE   |                 |              |
|  |   |                                 |                    |                       |   | 3. Date Incorporated or Qualified  |                 |              |
|  |   |                                 |                    |                       |   | 09/25/1997   |                 |              |
| 2. Principal P   | 2a. Mailing Address                               |                                 |                    |                       | 4. FEI Number                               | Ap   | plied For       |              |
| 21 907 E. Semoran Blvd 26  |   |                                 |                    |                       |   | 59-3472215   |                 | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                                 |                    |                       |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required                    |                 |              |
| 22 27  |   |                                 |                    |                       |   |  |                 |              |
| City & State  City & State  City & State  28   |   |                                 |                    |                       |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                 |              |
|  |   | <b>Z</b> ip                     | Country            |                       |   | This corporation owes or has paid the current year Intangible                      |                 |              |
| Zip<br>24 327  | 25 29 30  |                                 | 30                 | ,                     | Personal Property Tax due June 30. X Yes No |  |                 |              |
|  | 9. Name and Address of Curren                     |                                 |                    |                       |   | 10. Name and Address of New Registered   |                 |              |
| Al   | MERILAWYER CHARTERED                              |                                 |                    | 81 1                  | Name  |  |                 |              |
| 343 ALMERIA AVENUE<br>CORAL GABLES FL 33134  |   |                                 |                    | 82 5                  | Street Addre                                | ess (P.O. Box Number is Not Acceptable)  |                 |              |
|  |   |                                 |                    |                       |   |  |                 |              |
|  |   |                                 |                    | 83                    |   |  |                 |              |
|  |   |                                 |                    | 84 (                  | City  | F  | <b>85</b> Zip C | Code         |
| 41 Pureuant  | to the provisions of Sactions 607 050             | 2 and 607 1508 Florida Stati    | utae the a         | 2000-2                | amed coro                                   | oration cultimite this statement for the nurnose                                   | of changing its | s registered |
| office or r  | egistered agent, or both, in the State            | of Florida, Such change was     | s authorize        | d by th               | ne corporation                              | on's board of directors. I hereby accept the ap                                    | pointment as    | registered   |
| •  | m familiar with, and accept the oblig             | jations of, Section 607.0505, f | riorida Sta        | utes                  |   |  |                 |              |
| SIGNATURE  | Signature, typed or printed name of registered ag | ont and title if applicable (N3 | )   Registere      | d Agent s             | ignature require                            | d when reinstating) DATE   |                 |              |
| 12.  | OFFICERS AND DIRECTORS                            |                                 |                    | 13.                   |   | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTOR     | S IN 12      |
| TITLE  | PSTD DELETE                                       |                                 |                    | 1.1 TITLE             |   |  | ☐ Change        | Addition     |
| NAME   | Loomis, Karen D                                   |                                 | 1.2 N              | AME.                  |   |  |                 |              |
| STREET ADDRESS   |   |                                 |                    | 1.3 STREET ADDRESS    |   |  |                 |              |
| CITY-ST-ZIP  | ORLANDO FL 32817                                  |                                 | 1.4 C              | TY - ST - Z           | IP.   |  |                 |              |
| THILE  |   | ☐ DELETE                        | E 2.1 TITLE        |                       |   |  | ☐ Change        | Addition     |
| NAME   |   |                                 | 2.2 N              | ME                    |   |  |                 |              |
| STREET ADDRESS   |   |                                 | 2.3 STREET ADDRESS |                       | DRESS                                       |  |                 |              |
| CITY-ST-ZIP  |   | DESETT                          | 2 4 CITY-ST-ZIP    |                       | ZIP   | <del></del>  | Change          | Addition     |
| TITLE  | L_J DELETE  |                                 |                    | 3.1 TITLE<br>3.2 NAME |   |  | □ cuange        | ☐ Addition   |
| NAME   |   |                                 |                    |                       |   |  |                 |              |
| STREET ADDRESS   |   |                                 |                    | REET AD               | !   |  |                 |              |
| CITY-ST-ZIP<br>TITLE   |   |                                 | 3.4. C             | DITY-ST-ZIP           |   |  | Change          | Addition     |
| NAME   | bittit  |                                 | 4.71               |                       | ĺ   |  | Augusta         | , monitori   |
| STREET ADDRESS   |   |                                 |                    | reet adi              | DRESS                                       |  |                 |              |
| CITY-ST-ZIP  |   |                                 |                    | 14-51-2               | i i   |  |                 |              |
| TITLE  |   |                                 | 5.1 TI             |                       |   |  | Change          | Addition     |
| NAME   |   |                                 | 5.2 N              |                       |   |  | _ •             | -            |
| STREET ADDRESS   |   |                                 |                    | REET ADI              | DRESS                                       |  |                 |              |
| CITY-ST-ZIP  |   |                                 |                    | TY-ST-Z               |   |  |                 |              |
| TITLE  |   | DELETE                          | 6.1 TI             |                       | 1   |  | Change          | Addition     |
| NAME   |   |                                 | 6.2 N              | AME.                  |   |  |                 | İ            |

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.

6.3 STREET ADDRESS

64 CITY - ST - ZIP

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