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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000108896 (6)

THE BUOY, INC.

## **FILED** May 07 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		T 400H001 414 10111 18011 80111 00111 8018 1018 1	18181 18191 18118 18118 8111 1881
5200 W TYSON AVE	5200 W TYSON AVE			
TAMPA FL 33611	TAMPA FL 33611		DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	3 SI ACE
			12/30/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Same	26 Same		59-3485414	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Z <sub>i</sub> p	Country	8. This corporation owes or has paid the o	
25 25 Name and Address of Currer		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	✓ Ves No
	ir traffision wholi	81 Name	IU, traine and Address of free hegisters	a Marit
DI PIETRA, DANIEL D 717 E CARACAS ST				
TAMPA FL 33603		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
IAMPA PL 33003		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	oration 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				
Signature typod or printed name of registered age	ent and title it applicable (NOTE:	Registered Agent signature require	ed when reinstating} DATE	
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TILL President	DELETE	1.1 TITLE 1.5 G	cretary E. Difietra	Change Addition
NAME Daniel D. DIFI	<b>टराप</b>	1.2 NAME	argares L	3
NAME STREET ADDRESS CITY-ST-ZIP  TO B. CLIVACAS	too th 336	1.3 STREET ADDRESS	same	ļù
CITY-ST-ZIP	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME I	Steele	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
i !		2 4 CITY-ST-ZIP		İ
CITY-ST-ZIP	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	7777	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 71TLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	·	

14. I hereby certify that the information supplied with this filing coes 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 eath; 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.