


FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90009 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000005423					
1. Corporation Name PRIVATE MTG BUYERS, INC.					
Principal Place of Business 9026 107TH AVENUE SEMINOLE FL 33777			Mailing Address 9026 107TH AVENUE SEMINOLE FL 33777		
2. Principal Place of Business 21 BROADWAY Suite, Apt. #, etc. City & State DUNEDIN, FL Zip 34698		2a. Mailing Address 21 BROADWAY Suite, Apt. #, etc. City & State DUNEDIN, FL Zip 34698		3. Date incorporated or Qualified 01/20/1998	
21		26		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent AIREY, THERESA 9026 107TH AVENUE SEMINOLE FL 33777			10. Name and Address of New Registered Agent 81 Name LANE, PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 211 BROADWAY 83 84 City DUNEDIN FL 85 Zip Code 34698		
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 <i>Paul M. Lane</i> PAUL M. LANE - PRESIDENT DATE					
12. OFFICERS AND DIRECTORS					
TITLE Vice President <input checked="" type="checkbox"/> DELETE NAME Douglas Airey STREET ADDRESS 9026 107th Ave. CITY-ST-ZIP Seminole, FL 33777					
TITLE Secretary <input checked="" type="checkbox"/> DELETE NAME Theresa F. Airey STREET ADDRESS 9026 107th Ave CITY-ST-ZIP Seminole, FL 33777					
TITLE PRESIDENT <input type="checkbox"/> DELETE NAME PAUL M. LANE STREET ADDRESS 211 BROADWAY CITY-ST-ZIP DUNEDIN, FL 34698					
TITLE TREASURER <input type="checkbox"/> DELETE NAME KELLY QUINN LANE STREET ADDRESS 211 BROADWAY CITY-ST-ZIP DUNEDIN, FL 34698					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

Paul M. Lane
PAUL M. LANE

3/10/99

(727) 736-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)