FILE NOW: FILING FEE AFTER MAY 1ST IS \$550 00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05424

(4)

BUY OWNER MANAGEMENT, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I HERITATA TIL BOLDE BLITH DEDDE HEDIT BLOKE B	
5757 N. AND FT LAUDERD. US	REWS WAY ALE FL 33309	5757 N. ANDREWS WAY FT LAUDERDALE FL 33309					
03		US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
						10/08/1990	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·			65-0229730 Not Applicat	ole
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Z ip	Col	intry		Trust Fund Contribution Added to Fees	
24	F-7 - F		30	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes ☐ No	
	9, Name and Address of Curre		1001			10. Name and Address of New Registered Agent	
EC	K ert , scott a	···		81	Name		
	57 N. ANDREWS WAY			62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT	LAUDERDALE FL 33309			83			
				84	City	 85 Zip Code	
					•	FL	
11. Pursuant office or re	to the provisions of Sections 607.050 o gistere d agent, or both, in the State)2 and 607.1508, Florida Statu e of Florida. Such change was	utos, the al authorizo	oove d by	-named corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	jd
agent. I a	m tamiliar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes		accept the appointment do jogistered	
SIGNATURE	Signature, typed or printed name of registered age	and and tille if smale Alila (Ali	OTC Populatoro	d A	at also at the second	od when reinetating) DATE	_
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	i Ago	i. signa:ure require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	PD	DELETE	1.1 TI	TLE		☐ Change ☐ Addition	on
NAME	ECKERT, SCOTT A		1.2 N/	ME			
STREET ADDRESS	\$757 N. ANDREWS WAY		1.3 ST	REET	ADDRESS		i
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 00	TY-\$T	'- ZIP		
TITLE	VSD	DELETE	2.1 TII	ΙŁ		Change Addition	on
NAME	ECKERT, CHARLES S \$7 57 N. ANDREWS WAY		2.2 NA				
STREET ADDRESS	FT LAUDERDALE FL		ı ı		ADDRESS		
CITY-ST-ZIP TITLE	TD			TY - S	T - ZIP	Change Addition	
NAME	ECKERT, PATRICIA A	Land Detter	3.1 T() 3.2 NA			L Change L Addition	<i>,</i> m
STREET ADDRESS	5757 N. ANDREWS WAY				ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. C				
TITLE		DELET É	4.1 TIT			Change Addition	on
NAME			4. 2 N	AME		= · - ····	
STREET ADDRESS			4.3 ST	REET #	ADDRESS		
CITY-ST-ZIP			4.4 CI1	Y-ST	- ZIP		
TITLE		☐ DELETE	5.1 TH	LE		Change Addition	'n
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REE1 A	ADDRESS		
CITY-ST-ZIP		DECETE	5.4 CI		- ZIP		_
TITLE NAME		☐ DELETE	6.1 TIT			L Change Additio	ın
STREET ADDRESS			6.2 NA		DDOCOO		
CITY-ST-ZIP					ADDRESS		
14. Thereby co	ertify that the information supplied w	ith this filing does not qualify:	64 CIT for the exe	mnti	on stated in S	Section 119.07(3)(i), Florida Statutes. Forther certify that the information	\exists
moicaleu c	un inis amnuai report of supplementa	il angual report is four and ac	curate and	i thai	t my sionature	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in	`