

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29689** (4)
1. Corporation Name
THE BUYER'S CHOICE REALTY, INC.



Principal Place of Business
**PO BOX 3813
SUITE J
WINTER SPRINGS FL 32708
US**

Mailing Address
**PO BOX 3813
WINTER SPRINGS FL 32708-0813
US**

3. Date Incorporated or Qualified
02/01/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3047916

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **2700 N. A1A**
Suite, Apt. #, etc.
22 **# 1008**
City & State
23 **FORT PIERCE, FL**
Zip
24 **34949** Country
25 **ST. LUCIE**

2a. Mailing Address
26 **2700 N. A1A**
Suite, Apt. #, etc.
27 **# 1008**
City & State
28 **FORT PIERCE, FL**
Zip
29 **34949** Country
30 **ST LUCIE**

9. Name and Address of Current Registered Agent
**WAMPNER, ANNAROSE
2700 NORTH A1A
SUITE 1002
FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent
81 Name **WAMPNER, ANNAROSE**
82 Street Address (P.O. Box Number is Not Acceptable)
2700 N. A1A
83 **SUITE 1008**
84 City **FT. PIERCE** FL 85 Zip Code **34949**

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 *Annarose Wampner* (NOTE: Registered Agent signature required when reinstating) DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMPNER, ANNAROSE	1.2 NAME	
STREET ADDRESS	2700 NORTH A1A SUITE 1002	1.3 STREET ADDRESS	2700 N. A1A SUITE 1008
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMPNER, ANNAROSE	2.2 NAME	
STREET ADDRESS	2700 NORTH A1A SUITE 1002	2.3 STREET ADDRESS	2700 N A1A SUITE 1008
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Annarose Wampner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/25/97** DAYTIME PHONE # **561-467-6611**

CR2E034 (9/96)