

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

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Apr 10 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 # S31564 (5)
1. Corporation Name
BUCHHOLZ & ASSOCIATES, INC.



Principal Place of Business: 316 WEST CENTRAL AVE. WINTER HAVEN FL 33880
Mailing Address: 316 WEST CENTRAL AVE. WINTER HAVEN FL 33880-7904

2. Principal Place of Business 21 213 Ave D S.W. Suite, Apt #, etc.	2a. Mailing Address 26 213 Ave D S.W. Suite, Apt #, etc.	3. Date Incorporated or Qualified 02/12/1991	3a. Date of Last Report 05/01/1996
22	27	4. FEI Number 59-3049837	Applied For Not Applicable
23 City & State WINTER HAVEN FL	28 City & State WINTER HAVEN FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33880	25 Country USA	29 Zip 33880	30 Country USA
9. Name and Address of Current Registered Agent BUCHHOLZ, ROBERT E. 316 WEST CENTRAL AVE. WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent	

81 Name Robert E Buchholz	82 Street Address (P.O. Box Number is Not Acceptable) 213 AVE D S.W.	83	84 City WINTER HAVEN	85 Zip Code 33880
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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: *Robert E Buchholz* Robert E Buchholz President 4/2/97
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCHHOLZ, ROBERT E.		1.2 NAME	
STREET ADDRESS 722 27TH ST., N.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert E Buchholz* Robert E Buchholz 4/2/97 941-294-0053
Date Daytime Phone #

CR2E034 (9/96)