

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S45648

(0)

1. Corporation Name

BUCHANAN & ASSOCIATES, INC.

Principal Place of Business

120 SOUTHRIDGE RD.
DELRAY BEACH FL 33444
US

Mailing Address

1023 WHITE DRIVE
DELRAY BEACH FL 33483
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0259569	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUCHANAN, R. SCOTT 1023 WHITE DR. DELRAY BEACH FL 33483				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

Signature, typed or printed name of registered agent and filer, as applicable

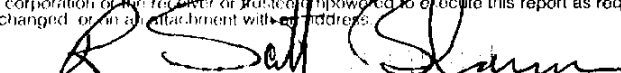
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, R SCOTT	1.2 NAME	
STREET ADDRESS	1023 WHITE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33483	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BRIAN L.	2.2 NAME	
STREET ADDRESS	7355 ROSEWOOD CIRLCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, WILLIAM C.	3.2 NAME	
STREET ADDRESS	119 AURTHUR COURT	3.3 STREET ADDRESS	1026 Palama Way
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSEL, WILLIAM T.	4.2 NAME	
STREET ADDRESS	7703 BLAIRWOOD CIR SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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 registered or authorized agent of the corporation; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with my address.

SIGNATURE:



3-2-98 (56) 278-4009

CR2E034 (10/97)