

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

FILED

Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V51859** (9)

1. Corporation Name  
**BUY LOW-SELL HIGH, INC.**

Principal Place of Business <b>PO BOX 95 KEY COLONY BEACH FL 33051</b>	Mailing Address <b>PO BOX 95 KEY COLONY BEACH FL 33051</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1992</b>	3a. Date of Last Report <b>07/17/1996</b>
21		26		4. FEI Number <b>65-0369633</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JOSEPH, JOHN P.</b> <b>9407-0201 STERLING DR.</b> <b>MIAMI FL 33157</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>9407 Sterling Dr</b>
				83	
				84 City	<b>FL</b> 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 *John P. Joseph* DATE **4/20/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>D</b>		1.2 NAME		
STREET ADDRESS	<b>JOSEPH, GEORGE P</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>1390 WESTON RD</b>		1.4 CITY - ST - ZIP		
	<b>FT LAUDERDALE FL</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE	2.2 NAME		
NAME	<b>JOSEPH, PAUL G</b>		2.3 STREET ADDRESS		
STREET ADDRESS	<b>1390 WESTON RD</b>		2.4 CITY - ST - ZIP		
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE	3.2 NAME		
NAME	<b>JOSEPH, JOHN P</b>		3.3 STREET ADDRESS	<b>9407 Sterling Drive</b>	
STREET ADDRESS	<b>0201 STERLING DR</b>		3.4 CITY - ST - ZIP		
CITY - ST - ZIP	<b>MIAMI FL</b>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	4.2 NAME		
NAME	<b>JOSEPH, KURT G</b>		4.3 STREET ADDRESS		
STREET ADDRESS	<b>PO BOX 510 NA</b>		4.4 CITY - ST - ZIP		
CITY - ST - ZIP	<b>KEY COLONY BCH FL</b>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY - ST - ZIP			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - ST - ZIP		
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: *John P. Joseph* DATE: **4-20-97** 305-234 4389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)