FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V72937** **(8)**

1. Corporation Name

BUYERS AID INC.

Principal Place of Business	Mailing Address
% 6516 CALLE DE CORTEZ COURT NAVARRE FL 32566-8924	% 6516 CALLE DE CORTEZ COURT NAVARRE FL 32566-8924

3. Date Incorporated or Qualified: **10/21/1992**

3a. Date of Last Report: **02/17/1995**

4. FEI Number: **59-3146964** ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21 6868 CALLE DE CORTEZ CT	26 6868 CALLE DE CORTEZ CT.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 NAVARRE, FL.	City & State 28 NAVARRE, FL.
Zip 24 32566	Zip 29 32566
Country 25 U.S.A.	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

PARKER, DONALD R
6516 CALLE DE CORTEZ COURT
NAVARRE FL 32566-8924

10. Name and Address of New Registered Agent

81 Name: PARKER, DONALD R.
82 Street Address (P.O. Box Number is Not Acceptable): 6868 CALLE DE CORTEZ COURT
83
84 City: NAVARRE, FL 85 Zip Code: 32566

11. Pursuant to the provisions of Sections 607.0505 and 617.1505 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. Signature changes required by the corporation's Board of Directors hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald R. Parker DATE: 3/12/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DONALD R		1.2 NAME	
STREET ADDRESS	1396 STURBRIDGE CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DONALD R		2.2 NAME	
STREET ADDRESS	1396 STURBRIDGE CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is accurate and that such information complies with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with changes, if any, noted within the report.

SIGNATURE: Donald R. Parker 3/12/96 904-939-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD R. PARKER