

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

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90005 016 \*\*\*550.00

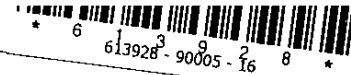
**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**OCUMENT #** P9800006450S  
 Corporation Name  
 American Blauvelt Institute of Florida

Principal Place of Business Mailing Address  
 491 Ulmerton Rd Suite #1  
 Largo Florida 34641



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address  
 Suite, Apt. #, etc. 26  
 City & State 27  
 Zip Country 25 29 30

3. Date Incorporated or Qualified  
 10/1/98  
 4. FEI Number 91-1922986 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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 Richard Smith  
 491 Ulmerton Rd #1  
 Largo, FLA 34641

10. Name and Address of New Registered Agent  
 81 Name Same  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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] DATE: 8/31/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	1.2 NAME		
G. Richard Smith	1.3 STREET ADDRESS		
491 Ulmerton Rd #1	1.4 CITY-ST-ZIP		
Largo FLA 34641			
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Treasurer	2.2 NAME		
Gary R. Smith	2.3 STREET ADDRESS		
491 Ulmerton Rd #1	2.4 CITY-ST-ZIP		
Largo FLA 34641			
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary	3.2 NAME		
Michael Hair	3.3 STREET ADDRESS		
491 Ulmerton Rd #1	3.4 CITY-ST-ZIP		
Largo FLA 34641			
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

**SIGNATURE:** [Signature] DATE: 8/31/99 DAYTIME PHONE #: 480-837-6810  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)