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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S70113

(3)

SUBIES BLANDINGS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				ARBIT DIDIR DEDIL DE	AU DIOR LOUP
8384 BAYME	ADOWS ROAD	501 GOLDEN ISLES					
#1113 #206C					DO NOT MOTE IN TH	10.004.05	
JACKSONVIL US	LE FL 33256	HALLANDALE FL 33009 US			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	·····
03		US			Transaction Transaction		
9 Principal P	lace of Business	2a. Mailing Address			07/29/1991 4. FEI Number		pplied For
21	acc or business	26			65-0282967		ot Applicable
Suite, Apt.	#, etc		Suite, Apt #, etc.				Additional
22		27	1		5. Certificate of Status Desired	7	equired
City & State	0	City & State			6. Election Campaign Financing		
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BA	IRTSOCAS, KIKI			81 Name			
501 GOLDEN ISLES DR				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
#206C				0	(to box value)		
H/	LLANDALE FL 33009			83			
			-	84 City		. 85 Zip	Code
			[On,	F	L ° E	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the purpose	of changing i	ts registered
agent. I a	egistered agent, or both, in the Som m familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flor	unonzeo ida Stati	i by the corporat ites.	tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		-					İ
Olarestione	Signature, typeid or printed name of registered	agent and title if applicable (NOTE	Registered	Agent signature requir	red when reinstating) CIATE	-	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DST	☐ DELETE	1.1 (1)	.E		Change	Addition
NAME	BARTSOCAS, KIKI		1.2 NAI	ME			Į:
STREET ADDRESS	HOVOOLBELEE		1.3 ST	EET ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL	El serete	_	Y-ST-ZIP			
TITLE	DP	☐ DELETE	21 111			Change	Addition 1
NAME	5.7.7.5 5.7.5		2 2 NAI				
STREET ADDRESS	112 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		23 51	EET ADDRESS	•		
CITY-ST-ZIP			_	Y-ST-ZIP			
TITLE	<u> </u>		3 1 TIT	1		Change	Addition
NAME	BARTSOCAS, PERRY		32 NAI	1			ľ
STREET ADDRESS	8384 BAYMEADOWS RD #	אווט	3.3 ST#	EET ADDRESS			ŀ
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	DVP	☐ DELETE	4.1 TET	.E		☐ Change	Addition
NAME	BARTSOCAS, JOHN		4. 2 NA	I			
STREET ADDRESS	8355 BAYMEADOWS RD		4.3 STF	EET ADDRESS	,		
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP	**************************************		
TITLE		☐ DELETE	5.1 TITI	,		Change	Addition
NAME			5 2 NA				
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		 	
TITLE		☐ DELETE	6.1 TITI			☐ Change	☐ Addition
NAME			6.2 NA				
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CtT	Y-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 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 chapter or on an attachment with an address.

(9×4) 456-3131