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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077490 (7)

1. Corporation Name
BLUE INK, INC.

REINSTATEMENT *Re-97*

Principal Place of Business

13080 VISTA ISLE DRIVE, #222
SUNRISE FL 33325

Mailing Address

13080 VISTA ISLE DRIVE, #222
SUNRISE FL 33325

APPROVED
AND
FILED

97 AUG 15 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 1737 E. Commercial Blvd
Suite, Apt. #, etc.

22 City & State
Ft Lauderdale FL

23 Zip 33334 Country USA

2a. Mailing Address

26 1737 E. Commercial Blvd
Suite, Apt. #, etc.

27 City & State
Ft Lauderdale FL

28 Zip 33334 Country USA

4. FEI Number

65-062715

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFER, FREDERICK A
13080 VISTA ISLE DRIVE, #222
SUNRISE FL 33325

81 Name
FREDERICK A SCHAFER

82 Street Address (P.O. Box Number is Not Acceptable)
1737 E. Commercial Blvd

83 City & State
Ft Lauderdale FL

84 Zip 33334

11. Pursuant to the provisions of Sections 607.0607 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

FREDERICK SCHAFER

7/30/97

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHAFER, FREDERICK
STREET ADDRESS 13080 VISTA ISLE DRIVE, #222
CITY-ST-ZIP SUNRISE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME FREDERICK SCHAFER
1.3 STREET ADDRESS 1737 E. Commercial Blvd
1.4 CITY-ST-ZIP Ft Lauderdale FL 33334

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1737 E. Commercial Blvd
2.4 CITY-ST-ZIP Ft Lauderdale FL 33334

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 600002270976--4
3.4 CITY-ST-ZIP -08/19/97--01031--020

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)