


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 630729			
1. Corporation Name BLOSSOM GROVE SERVICE, INC			
Principal Place of Business 1000 NASHLEY DR SUITE 101 TAMPA FL 33602		Mailing Address 1000 NASHLEY DR SUITE 101 TAMPA FL 33602	
2. Principal Place of Business 21 4602 DOGWOOD HILLS SUITE APT. #, etc COURT		2a. Mailing Address 26 4602 DOGWOOD SUITE APT. #, etc HILLS COURT	
City & State 23 BRANDON FL		City & State 28 BRANDON FL	
Zip 24 33511		Zip 29 33511	
Country 25		Country 30	
9. Name and Address of Current Registered Agent RICKARD JAMES I. III 1000 NASHLEY DR suite 101 TAMPA FL 33602			
10. Name and Address of New Registered Agent 81 Name MELLI CLAUDE 82 Street Address (P.O. Box Number is Not Acceptable) 4602 DOGWOOD HILLS COURT 83 84 City BRANDON FL 85 Zip Code 33511			
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 C. MELLI DATE MAY 01 1999 <small>Signature, typed or printed name of registered agent and when applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME POCHEZ, PATRICE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		1.2 NAME 4602 DOGWOOD HILLS COURT	
CITY-ST-ZIP		1.3 STREET ADDRESS BRANDON FL 33511	
TITLE S NAME EDWARDS, JOSEPH <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ONE TAMPA CITY CENTER		2.2 NAME	
CITY-ST-ZIP SUITE 2100 TAMPA FL 33601		2.3 STREET ADDRESS	
TITLE D NAME MAZEAUD, OLIVIER <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		3.2 NAME 4602 DOGWOOD HILLS COURT	
TITLE D NAME RANDON ALAIN <input type="checkbox"/> DELETE		3.3 STREET ADDRESS BRANDON FL 33511	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CONSTANTINI GHISLAIN <input checked="" type="checkbox"/> DELETE		4.2 NAME 4602 DOGWOOD HILLS COURT	
STREET ADDRESS		4.3 STREET ADDRESS BRANDON FL 33511	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D NAME DHOTEL, DANIEL <input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME POIRSON NICOLAS	
CITY-ST-ZIP		5.3 STREET ADDRESS 4602 DOGWOOD HILLS COURT	
TITLE		5.4 CITY-ST-ZIP BRANDON FL 33511	
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 01 99 (813) 689 7242

Date

Daytime Phone #

CR2E034 (11/98)