

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:09

DOCUMENT # 191873 (9)

1. Corporation Name
BLUE LAKE DEVELOPMENT CORPORATION

Principal Place of Business
OFFICE
10001 W. FLAGLER ST.
MIAMI FL 33174
US

Mailing Address
PO BOX 650147
MIAMI FL 33265

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/24/1956
3a. Date of Last Report 01/25/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 30 Zip Country

4. FEI Number 59-0872606
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

RAPEE, STUART M.
3620 YACHT CLUB DR #506
N.MIAMI FL 33180

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAPEE, BRUCE E
STREET ADDRESS 9801 W. FLAGLER STREET
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME RAPEE, STUART M
STREET ADDRESS 12903 BANYON RD.
CITY-ST-ZIP N.MIAMI FL

TITLE D
NAME KEMPNER, ELEANOR
STREET ADDRESS 9801 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL

TITLE ST
NAME IMEL, BONNIE
STREET ADDRESS 9801 W FLAGER ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME RAPEE, LEANNE
STREET ADDRESS 9801 W FLAGER ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME RAPEE, SONYA
STREET ADDRESS 9801 W FLAGER ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE Change Addition
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 110.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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 007, Florida Statutes; and that my name appears in block 12 or 13, 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce Rapee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 305-553-0011

Date

System/Phone #