FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90012 002 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

85 Zip Code

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 267188

1. Corporation Name

Principal Place of Business Mailing Addre	1 (10)(4 (10) 4 (1) 1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (1004 (100
8460 SW 48 ST. 8460 SW 48 S MIAMI FL 33155 MIAMI FL 3315	DO NOT WRITE IN THIS SPA
	3. Date Incorporated or Qualifed 02/15/1963
2. Principal Place of Business 2a. Mailing Ad 21 26	4. FEI Number 59-1025370
Suite, Apt. #, etc Suite, Apt. 22	5. Certifcate of Status Desired
City & State City & State 28	6. Election Campaign Financing Trust Fund Contribution
Zip Country Zip 24 25 29	Country 8. This corporation owes the current year Intangib Personal Property Tax.
9. Name and Address of Current Registered Ager	10. Name and Address of New Registered Agen
BLIZZARD, VIRGINIA	81 Name
8460 SW 48 ST.	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33155	83
• • •	84 City FL 85
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floffice or registered agent, or both, in the State of Florida. Such chagent. I am familiar with, and accept the obligations of, Section 60	Statutes, the above-named corporation submits this statement for the purpose of chan- vas authorized by the corporation's board of directors. I hereby accept the appointment, Florida Statutes.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

of changing its registered ointment as registered

SIGNATURE						
		gistered Agent signature re				
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TILE	P DELETE	1.1 TITLE		Change	Addition	
NAME	BLIZZARD, JAMES	1.2 NAME	,		ì	
STREET ADDRESS	5860 S.W. 90TH CT.	1.3 STREET ADDRESS	,			
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP		· ·		
TITLE	S □ DELETE	2.1 TITLE .	•	☐ Change	Addition	
NAME	BLIZZARD, SUSAN J	2.2 NAME		•		
STREET ADDRESS	3057 DOVE WAY	2.3 STREET ADDRESS				
CITY-ST-ZIP	DECATUR GA 30033	2.4 CITY-ST-ZIP	* 4 * -			
TITLE	VT □ DELETE	3.1 TITLE		☐ Change	Addition	
NAME	BLIZZARD, VIRGINIA T	3.2 NAME				
STREET ADDRESS	8460 SW 48 ST.	3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	•	Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS		•		
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	•	6.2 NAME			i	
STREET ADDRESS	A STATE OF S	6.3 STREET ADDRESS	•			
CITY-ST-ZIP	The first of the second of the	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: U