

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 14 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # 312667

(9)

1. Corporation Name

BLUM HOLDINGS, INC.

Principal Place of Business

NORTHERN TRUST PLAZA
301 YAMATO ROAD, SUITE 2110
BOCA RATON FL 33431

Mailing Address

NORTHERN TRUST PLAZA
301 YAMATO ROAD, SUITE 2110
BOCA RATON FL 33431

3. Date Incorporated or Qualified

01/16/1967

3a. Date of Last Report

02/22/1994

4. FEI Number

59-1157296

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BLUM, PETER~~
~~2010 N FEDERAL HIGHWAY~~
~~BOCA RATON FL 33482~~

81 Name
Mitchell B. Kirschner, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road

83

Suite 2110

84

Boca Raton

FL

85 Zip Code
33431

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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 607.0508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSD
NAME	BLUM, PETER
STREET ADDRESS	1890 S. OCEAN BLVD.
CITY-ST-ZIP	MANALAPAN FL
TITLE	V
NAME	HURLEY, PATRICK F
STREET ADDRESS	2040 N. W. 10TH ROAD
CITY-ST-ZIP	BOCA RATON, FL 3
TITLE	PD
NAME	BLUM, MAUREEN
STREET ADDRESS	1890 S. OCEAN BLVD.
CITY-ST-ZIP	MANALAPAN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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(3)(b), 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 REGISTERED OFFICER OR DIRECTOR

(Name)

(Signature / Name #)