

FILE NOW: FILING FEE AFTER MAY 15.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 540951 (1)

1. Corporation Name

THE BLIND SPOT, INC.

FILED

96 DEC 11 PM 2:13



REINSTATEMENT

3a. Date of Incorporation or Qualification
05/01/1995

3. Date of Incorporation or Qualification
07/01/1977

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1755813

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

KOLKER, MURRAY M.
3071 SUNRISE LAKES DRIVE EAST
SUNRISE FL 33322

81 Name

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

83

84 City

FL

85 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

Murray M. Kolker

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WOLFE, MONTE
745 N.W. 87TH AVENUE
CORAL SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TED STEMBER, Resigned
(No longer with us)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WOLFE, MONTE
734 PINEWICK SO.
MARGATE FL
33063

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
200002028322-0
-12/13/96--01012--001
****375.00 ****375.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

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

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)(d), 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 #