

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 561644 (6)			
1. Corporation Name BLASER-HAGOOD LEASING COMPANY			
Principal Place of Business 6183 PALMER BLVD. SARASOTA FL 34240		Mailing Address 6183 PALMER BLVD. SARASOTA FL 34240-8594	
2. Principal Place of Business		3a. Date of Last Report	
21		03/09/1978	
Suite, Apt. #, etc.		3b. Date of Last Report	
22		04/24/1996	
City & State		4. FEI Number	
23		59-1817595	
Zip		Applied For	
24		Not Applicable	
Country		5. Certificate of Status Desired	
25		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing	
27		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PICKHARDT, GEORGE D. 413 HUNTRIDGE DR, LOT 151 VENICE FL 34292		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)