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

2s. Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

2. Principal Flace of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

1998		DIVISION OF CORPORATIO	Secretar Secretar	y of State			
POCUMENT #	615875	(2)					
BLASCHKE CORPORA	TION						
Principal Place of Business	Ma	illing Address	0 100110 E1605 11001 01101 10111 30003 0111 1	hiāta Bibai Aibai Atbil Bibin Bibin tabi			
1634 SE 47TH STREET SUITE 16 CAPE CORAL FL 33904		100 SW 178TH ST IAMI FL 33157-5747 S	DO NOT WRITE II	N THIS SPACE			
US			3. Date Incorporated or Qualified	·			
9 Disagral Ellips of Charlings	1.54	Mailuna Addrage	03/14/1979 4. FEI Number	Applied For			
2. Principal Place of Business	2s.	Mailmo Address	4. FEI Number	Applied For			

21			26					İ	59-1947228	·		No	t Applicable	3
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				Б.	Certificate of Status Desired	X.			Additional quired	_
23	City & State		28	City & State				l	Election Campaign Financing Trust Fund Contribution				May Be o Fees	
24	Zip	Country 25	29	7φ <b>3</b> 0	- 7	Country		l	This corporation owes or has p Personal Property Tax due June		irrent ye X Yes		angible ] No	_
1	9. Name	and Address of Current	Regis	stered Agent		1		10.	Name and Address of New R	egisterec	Agent			
	BLASCHKE, I	IANS K				B1	Name							
	9300 SW 178 MIAMI FL 331					82	Street Addre	ss (P	P.O. Box Number is Not Accepta	ble)				
	(MIZINII V E OO	01				83								-
						84	City	-		FI	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE .		1201. 2 1 1.11	Registered Agent signature requi	rad whos rainstatives)	DATE			
12.	Segmente: typical or printed traces of regeleted agent and tile if applicable. INOIS  OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		Change	Addition		
NAME	BLASCHKE, HANS K.		1.2 NAME					
STREET ADDRESS	9300 SW 178TH ST		1.3 STREET ADDRESS					
CITY-SI-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					
TITLE	V	DELETE	21 TITLE		☐ Change	Addition		
NAME	BLASCHKE, HILDEGARD		22 NAME					
STREET ADDRESS	9300 SW 178TH ST		23 STHEFT ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 City-St-7iP					
TITLE	ST	DECETE	31 TITLE		☐ Change	Addition		
NAME	BLASCHKE, HANS K.		32 NAME					
STHEET ADDRESS	9300 SW 178TH ST		3 3 STREET ADDRESS			ļ		
CITY-ST-ZIP	MIAMI FL		3.4. C(1Y-ST-Z)P			]		
TITLE	V	DELETE	4 1 TITLE		Change	Addition		
NAME	STANLEY, SIGRID T.		4. 2 NAME					
STREET ADDRESS	27805 LUKE ST		4.3 STREET ADDRESS					
City-St-ZiP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP					
TITLE		DELETE	5 1 1111.6		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADORESS			5.3 STREET ADDRESS					
CITY-S1-ZIP			5.4 C(1Y - ST - ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

14. Thereby 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 supplying that 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 a supplying address

SIGNATURE:

BLASCHKE, H.K.

941-549-8600

**FILED** 

Apr 22 1998 8:00am

Applied For