2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

1. Entity Nam		04750				05-04-20	004 9016	0 003 **;	*150.00
BLUEPOI	NT DESTIN, INC.	* * * * * * * * * * * * * * * * * * * *	•						
Dispisal Disc	- of Dunings	Mailing Address			-				
Principal Place	CLARK STREET, 2ND FLOOR	TDEET - 21	NU EL UUD						
CHICAGO, IL		412 NORTH CLARK ST CHICAGO, IL 60610	IKEĘI, ŻI	NN LLOOK.					
	lace of Business	3. Mailing Address							
	ckwick Ave.		1840 Pickwick Ave.			. 96196 win 8641 8611 641) 18881 BIID QU	(MB) (MB);
Suite, Apt.		Suite, Apt. #, etc.				4022004 Chg-P CR2E034 (10/03)			
City & State Glenvie		City & State Glenview. IL				4. FEI Number 20-0163714			plied For t Applicable
Zip Country			Zip Country						
60025	US	_60025		S	5. Certificate	5. Certificate of Status Desired		□ \$8.75 Additional Fee Required	
	6. Name and Address of Curre	ni Registered Agent	ستعود والمراجعون	والمستان ومعتري ومعتري	7. Name and	Address of New F	egistered A	gent	and the second
<u> </u>				Name					
1201 HAYS	(IS DOCUMENT SOLUTION S STREET SSEE, FL 32301-2525	S, INC.		Street Address (P.O. Box Number is Not Acceptable			e)		
TALLATIAL	3011, 11 32301 2323			- 0.				T =	
		•		City	·		FL	Zip Code	9
	named entity submits this statemen	t for the purpose of changing it	ts register	ed office or r	egistered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with.	and accept
the obligati	ions of registered agent.			,					•
SIGNATURE	<u> </u>		<u> </u>			·			
	Signature, typed or printed name of registered ag	ent and title if applicable." "(NC	TE: Registere	ed Agent signature	required when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·
F!L! After Ma	: E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Efection Camp Trust Fund Cor	-		\$5.00 May Be Added to Fees				
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PSTD	- Delete	TITL	E	Pres/Secy/	Treas/Dir		Change	Addition
NAME	GREENFIELD, ROGER				Roger A. C				
STREET ADDRESS			EET ADDRESS /- ST-ZIP	1840 Pickwick Avenue					
CITY-ST-ZIP	CHICAGO, IL 60610				Clenview,	EL 60025		<u> </u>	
TITLE NAME		☐ Delete	TITE NAM	1	-			Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	r-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME		The state of the state of	NAN	/E				_ •	_
STREET ADDRESS				EET ADDRESS	•				
CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE	·	☐ Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS ;			NAM	AE EET ADDRESS					
CITY-ST-ZIP	,			r-ST-ZIP					
TITLE	<u> </u>	Delete	TITL		····			☐ Change	☐ Addition
NAME		- Delete	NAM					. Grange	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	Y-ST-ZIP	· · <u></u>				
TITLE .		. Delete	TITL	, , ,				☐ Change	☐ Addition
NAME	10 mg 1 mg		NAM	· `					
STREET ADDRESS CITY-ST-ZIP	and the second of the second	· · · · · · · · · · · · · · · · · · ·		EET ADDRESS Y-ST-ZIP					v kadni ameri sv
	nowify that the information	with this fills with this file.		<u></u>	d in Continue 440 07/01	(i) Flacida Ct : :	I formation of	6.46	· ·
indicated of the cor changed	certify that the information supplied of this report or supplemental report or supplemental report or trustee elemental reporation or the receiver or trustee element with an address	win this tiling does not qualify to the strue and accurate and that impowered to execute this reposers with all other like empowere	ror the exe t my signa ort as requ id.	emption state ature shall ha iired by Chap	o in Section 119.07(3) ve the same legal effe oter 607, Florida Statut	(i), Florida Statutes, ct as if made under es; and that my nam	i further certi oath; that I a le appears in	ry that the in m an officer i Block 10 oi	nrormation or director r Block 11 if
	,				<i>;</i>				
SIGNAT	URE: (rag)			P	res. 4/	9/04	847-5	10-250	00
	SIGNATURE AND TYPED	DENTITED NAME OF SIGNING OFFICE	R OR DIREC	топ		Date	Da	tytime Phone #	- —