SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

(1)

## **FILED** Aug 20 1998 8:00am Secretary of State

BLYNN, RICHARDS & ASSOCIATES, INC.								
						1 (231/20 //0) (101/201/201/10)	in Cibis Divin Cibis Glass Black (Co.	
Principal Place of Business Malling Address						3 1881/189 4(84 1)314 831/4 8131/ 81/18 81/11 81/1	ili <b>ribil</b> dedil bibil dibil bibil iddi	
1920 S. DIXIE HWY 1920 S. DIXIE HWY								
SUITE 1190 SUITE 1190								
MIAMI FL 3314   US	16	MIAMI FL 33146				DO NOT WRITE IN TI	HIS SPACE	
03		US				3. Date Incorporated or Qualified		
2 Oringinal I	Place of Business	On Malling Address			<del></del>	11/20/1980		
21 21	2a. Mailing Address	ing Address			4. FEI Number	Applied For		
Sulte, Apt	Suite Apt # etc	uite, Apt. #, etc.			59-2049482	Not Applicable		
22	, , , , ,	<b>1</b>	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip	· J			8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent	
	TER, VANCE			81 Na	ame			
201 S BISCAYNE BLVD #3200				82 St	reet Addre	Address (P.O. Box Number is Not Acceptable)		
MIAI	MI FL <b>3</b> 3131		-	83	<del> </del>			
				83				
				<b>84</b> Ci	ty	-	85 Zip Code	
11. Pursuan	to the provisions of earliese 607 Of	602 and 607 1608 Florida Statuto	2 * 2 2 2 2 2				L B5 Zip Code	
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 tamiliar with, and accept the opi	igations of, section 607.0505, Flo	rida Statu	utes.			•	
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NO	TF: Registere	ed Anent s	onalure recui	red when reinstating) DATE	-	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	SD	DELETE	1.1 THLE				Change Addition	
NAME	RICHARDS, KAREN M.	-	1.2 NAN	ΜE				
STREET ADDRESS	6225 SW 146TH CT			EET ADDR	ESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	Y-ST-ZIP			i	
TITLE	PD	DELETE	2.1 TeTL	E			Change Addition	
NAME	RICHARDS, JOHN E.		2.2 NAM	AΕ				
STREET ADDRESS			2.3 STREET ADDRESS		ESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			·	17	
TITLE	RA	DELETE	3.1 TITL	.E			Change Addition	
NAME	SALTER, VANCE		3.2 NAME					
STREET ADDRESS			3.3 STRI	EET ADDR	ESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITL	.E			Change Addition	
NAME			4.2 NAME					
STREET ADDRESS				EET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY-ST-2					
TITLE		DELETE	5.1 TITLE				Change Addition	
NAME			5.2 NAM					
STREET ADDRESS				EET ADDR	E\$8			
CITY-ST-ZIP			5.4 CITY-ST-Z					
TITLE		DELETE	6.1 TITL				Change Addition	
NAME			6.2 NAM					
I I			II.	EET ADDRI	E85			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	1		1	

14. I 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.