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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F82207

(4)

AZURE	A, INC.									
Principal Place	e of Business	Mailing Addr	ess				Bărit 1861 SIEII BIBI	ı WIĞII BIĞII BIĞI	F Q1014 (00)	
P.O. BOX 561178 ROCKLEDGE FL 32956		P.O. BOX 561178 ROCKLEDGE FL 32956			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qual	ified			
						05/20/1982				
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number		Apr	olied For	ļ
21		26				59-2193333		Not	Applicable	ļ
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed [T]	\$8.75 A		l	
22		27				S, Communication of Clares Debut		Fee Rec	•	
City & State	9	City & Sta	ate			6. Election Campaign Finance		\$5.00		
23		28				Trust Fund Contribution		Added to		┨
Zip	Country	Zip		Count	ry	8. This corporation owes or h				l
24	[25]	29		30		Personal Property Tax due 10. Name and Address of No.			J No	ł
	g. Name and Address of Curren	it Hegisteren Age	mt		1 Name	10. Name and Address of N	aw neglistered i	Agent		l
	BUSK, THOMAS			•	Name					J
	08 WESTCHESTER DRIVE			8	2 Street Ac	dress (P.O. Box Number is Not Acc	ceptable)			
CC	OCOA FL 32926			8					-	1
				•	3					l
				8	4 City			85 Zip C	Code	1
							<u>FL</u>			1
11. Pursuant	to the provisions of Sections 607.050 egistored agent, or both, in the State m familiar with, and accept the obligi	2 and 607.1508, F of Florida, Such c	florida Statut	tes, the abo authorized	ve-named co by the corpo	orporation submits this statement fo ration's board of directors. I hereby	r the purpose of accept the app	' changing its ointment as r	registered registered	l
agent. I a	m familiar with, and accept the obligi	ations of, Section (607.0505, Fi	orida Statut	es .	•				l
SIGNATURE										l
	Signature, typed or printed name of registered age		(NOT	<u>_</u>	gent signature re	quired when reinstating) ADDITIONS/CHANGES TO	DATE	DIDECTOR	C INI 12	ļ
12.	OFFICERS AN		DELETE	13.		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition	3
	DEBUSK, THOMAS A	_	Journe	1.2 NAM						Ľ
NAME	3208 WESTCHESTER DRIVE				- 1					8
STREET ADDRESS	COCOA FL				ET ADDRESS					ķ
CITY-ST-ZIP	DS DS		DELETE	2.1 TITL	-ST-ZIP			Change	Addition	ł
TITLE	= =	L.	Joccic					C. C. C. C.		l
NAME	DEBUSK, SUZANNE B 3208 WESTCHESTER DRIVE			2 2 NAM						l
STREET ADDRESS	COCOA FL				ET ADDRESS					l
CITY-ST-ZIP TITLE	OOON FL	r	DELETE	3.1 TITE	/-ST-ZIP			Change	Addition	1
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NAME AVALEY ADDRESS										
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.1 TITL	r-ST-ZIP			Change	Addition	1
NAME		L.	- DECEMBE	4.2 NAM						
					ET ADDRESS					
STREET ADDRESS										ĺ
CITY-ST-ZIP TITLE	0.000		5.1 TITU	- ST- ZIP			Change	Addition	1	
4 TULE	•									1
ł	l				F I					1
NAME				5.2 NAM 5.3 STRI						1
NAME STREET ADORESS				5.3 STRI	EET ADDRESS					1
NAME STREET ADORESS CITY-ST-ZIP			T DELETE	5.3 STRI 5.4 CITY	EET ADDRESS -ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		Ţ.	DELETE	5.3 STRI 5.4 CITY 6.1 TITU	EET ADDRESS -ST-ZIP E			Change	☐ Addition	1
NAME STREET ADORESS CITY-ST-ZIP			DELETE	5.3 STRI 5.4 CITY 6.1 TITU 6.2 NAM	EET ADDRESS -ST-ZIP E			Change	☐ Addition	

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 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: TIMMS A DERU

THOMAS 4, DEBUSK, PRESIDEN

4/18/98

(407)631-0610

FILED

Apr 23 1998 8:00am

Secretary of State