## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F93000003896 (8)

BLADES FOUNDATION, INC.

Principal Place of Business Mailing Address							TANG TOTAL OFFI ANDI
1900 S.W. 70TH TERRACE PLANTATION FL 33317 US		1900 S.W. 70TH TERRACE PLANTATION FL 33317 US					
00				3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 07/24/1995		
Principal Place of Business     1		2a. Mailing Address 26		4. FEI Number 38-3109697	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		S5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Cou 29 30					
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
BLADES, ROSA L 1900 S.W. 70TH TERRACE			82	Street A	ddress (P.O. Box Number is Not Acceptable	))	
PLANTATION FL 33317			83				
			84	<b>'</b>		FL   ```	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE	n, and accept the obligations of, soci	(a) (b) (1,0000) (1,0000)					
SIGNATURE _	Signature, typed or printed name of registured agent			st signafuru re	quired wher reinstating)  ADDITIONS/CHANGES TO OF HIS	DATE	PTODE IN 12
12.	OFFICERS AN	D DIRECTORS  []DELETE	13.			ZJehan	
TITLE	BLADES, ROSA LEE	Поссетс	1.2 NAME		President Blocks Resalee		<u></u>
NAME STREET ADDRESS	1900 S.W. 70TH TERRACE		13 STREET ADDRESS		Blades Rosa Lee 1900 Siv Tota Ten	wee.	
CITY-ST-ZIP	PLANTATION FL		14 CITY-ST-ZIP		Plantation, Fla. 33	317	
TITLE			2 1 THTLE	1		☐ Chan	ge 🔲 Addition
NAME	BLADES, HORATIO B		2.2 NAME				
STREET ADDRESS	1900 S.W. 70TH TERACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2 4 CiTY -	ST-ZIP			
TITLE			31 TITLE			Chan	ge
NAME	BLADES, BRIAN K		3 2 NAME				
STREET ADDRESS	DI ALUTATIONA DA			F ADDRESS			
CITY-ST-Z:P	S S			ST-ZIP		☐ Chan	ge [] Addition
TITLE	BLADES, VALYNDA D	Cloccic	4.1 TITLE 4.2 NAMI			_	
NAME STREET ADDRESS	1900 SW 70TH TERR			T ADDRESS			
CITY-ST-ZIP	PLANTATION FL		4.4 CITY -				
TITLE	T	DELETE	5 1 TITLE			☐ Char	ige 🔲 Addition
NAME	BLADES, SONYA L		5.2 NAME				
STREET ADDRESS	1900 S.W. 701TH TERRACE		5.3 STREE	T ADDRESS			
CITY - ST - ZIP	PLANTATION FL 33067		5.4 CHY-				
TITCE		[]DELETE	61 TITLE			Char	ige 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREE	I ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 16 or Block 17 or Block 18 or

SIGNATURE: