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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003896 (8)

1. Corporation Name  
BLADES FOUNDATION, INC.



Principal Place of Business: 1900 S.W. 70TH TERRACE PLANTATION FL 33317 US  
Mailing Address: 1900 S.W. 70TH TERRACE PLANTATION FL 33317-5010 US

3. Date Incorporated or Qualified: 08/27/1993  
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 38-3109697  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
28

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
29  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLADES, ROSA L  
1900 S.W. 70TH TERRACE  
PLANTATION FL 33317

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P  
NAME: BLADES, ROSA LEE  
STREET ADDRESS: 1900 S.W. 70TH TERRACE  
CITY-ST-ZIP: PLANTATION FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: D  
NAME: BLADES, HORATIO B  
STREET ADDRESS: 1900 S.W. 70TH TERRACE  
CITY-ST-ZIP: PLANTATION FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: D  
NAME: BLADES, BRIAN K  
STREET ADDRESS: 1900 S.W. 70TH TERRACE  
CITY-ST-ZIP: PLANTATION FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: S  
NAME: BLADES, VALYNDA D  
STREET ADDRESS: 1900 SW 70TH TERR  
CITY-ST-ZIP: PLANTATION FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: T  
NAME: BLADES, SONYA L  
STREET ADDRESS: 1900 S.W. 70TH TERRACE  
CITY-ST-ZIP: PLANTATION FL 33067

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosa L. Blades* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-583-3919  
Daytime Phone # 0038585

CR2E037 (9/96)