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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

BLUE & GOLD INVESTMENTS, INC.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 1 186496 1110 18110 81111 1886 11881 8	AKS MINNI MANIN MA		A BIBA IBBI
515 N FLAGER DR. 19 FLR. C/O PATRICK J CASEY WEST PALM BEACH FL 33401		515 N FLAGER DR. 19 FLR. C/O PATRICK J CASEY WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 08/19/1982			ļ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		T Ār	oplied For
21		26				59-2272244			ot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State		City & State						Fee Re	
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	7φ	Cou	intry		This corporation owes or has particular to the particular to			
24	25	29	30	·		Personal Property Tax due June] No
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
	SEY, PATRICK J., ESQ.			81	Name				
	N FLAGER DR.		82 Street Add			ss (P.O. Box Number is Not Acceptate	ole)		
19 FLR.									
WE	ST PALM BEACH FL 33401			83					
			!	84	City		Fi	85 Zip (Code
11. Pursuani t	o the provisions of Sections 607,0502	and 607 1508 Florida Stati	iles the a	2016	named corpo	vation submits this statement for the	FL	nanaina It	- ragistarad
office of re	ogistered agent, or both, in the State c in familiar with, and accept the obligat	if Horida. Such change was	authorize	d bv	the corporatio	in's board of directors. I hereby accep	ot the appoir	itment as	registered
SIGNATURE .									
12.	Signature typed or printed name of regetimed agent OFFICERS AND			d Agen	t signature required		DATE	IDE OTO D	0 11 10
TITLE	DP CARRAGO	DELETE	13.	TLF		ADDITIONS/CHANGES TO OFFIC		T Change	Addition
NAME	CASEY, PATRICK J		1.2 N/				-	, o.ugo	
STREET ADDRESS	515 N FLAGER DR 19 FLR.				ADDRESS				
CITY-ST-ZIP	W PALM BCH FL			TY-SF					
TITLE		DELETE	2.1 TI				L.	Change	Addition
NAME	•		2.2 NA	ME					
STREET ADDRESS			2.3 S1	REET A	ODRESS				
CITY-ST-ZIP			2.4C	11Y-\$1	- ZIP				
THILE		☐ DELETE	3.1 10	LE				Change	Addition
NAME			3.2 NA	ME			•		
STREET ADDRESS			3.3 \$1	reet a	DDRESS				
CITY-ST-ZIP		- I prieste		TY-ST	- ZIP		_		
TITLE		☐ DELETE	4.1 111				L.,	Change	Addition
NAME STREET ADDRESS			4. 2 N						ľ
			. It		DDRESS				
CITY-ST-ZIP TITLE		DELETE		IY-SI	ZIP			Change	T Addition
NAME		E.J. Ditter	5.1 T)1 5.2 NA				L	Change	L_I Addition
STREET ADDRESS					DDRESS	•			
CITY-ST-ZIP				NEEL A	ı				
TITLE		DELETE	6.1 10		411			Change	Addition
NAME			6.2 NA		1		L.	, vinnigo	Figure 1
STREET ADDRESS					DDRESS				
City-St-ZIP				 Y-ST-	- 1				

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 supplimental 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 justee 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 example the same appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: