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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F97000006182 (6)

BLAZE INTERNATIONAL CORPORATION

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business 7963 BAYSHORE DR. SUITE 6 TREASURE ISLAND FL 33706		Mailing Address 7963 BAYSHORE DR. SUITE 6			s tourism eine cour tautt auter obeit mitt aufer of eine afrit auten uten telut julie eint findt			
I INCASUME IS	SUMBU FL 33/00	TREASURE ISLAND FL	33706		DO NO	WRITE IN THIS	SPACE	
					3. Date Incorporated or Qu			
					11/21/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied Fo	or
21		26			59-3448823		Not Applic	
Suite, Apt.	#, oto	Suite, Apt. #, etc			5. Certificate of Status Des	ired	\$8.75 Addition	nal
22		27			6. Certificate of Status Des	ired [_]	Fee Required	
City & Stat	re	City & State			6. Election Campaign Finar	~ —	\$5.00 May Be	
23		28	T		Trust Fund Contribution		Added to Fees	
Žφ	Country	Zip	Coun	try	8. This corporation owes or			1
24	25 9. Name and Address of Current	29	30		Personal Property Tax de		Yes No	
	·- 	uealiziaien väeur		1 Name	10. Name and Address of	New Hegistered	Agent	
	ISINA, P		1	Name				
	83 BAYSHORE DR, SUITE 6		8	Street Add	ress (P.O. Box Number is Not A	cceptable)		
TRI	EASURE ISLAND FL 33706		<u>-</u>	13				
			*	13				
			la la	14 City			85 Zip Code	
				1,		FL	_ '	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligali	and 607,1508, Florida Statu	ites, the abo	ove-named corp	poration submits this statement t	or the purpose o	I changing its registe	ered
agent La	m familiar with, and accept the obligati	ons of Section 607.0505, F	lorida Statut	les.	mon's board of directors, Thereb	y accept the app	comment as register	eu
SIGNATURE	_							
	Signature typed or period name of regelford agent			Agent signature requi	red when reinstaling)	DATE		
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO	OFFICERS AN		
THLE	CP	☐ DELETE	1.1 TITU				☐ Change ☐ Add	dition
NAME	BUSINA, P		12 NAM	£				
STREET ADDRESS	7963 BAYSHORE DR, SUITE 6		13 STRE	FT ADDRESS				
C(TY - ST - ZIP	TREASURE ISLAND FL 33706		1.4 CITY	- ST - ZIP				
TITLE	vcvs	☐ DELETE	2 1 TtTL				Change Add	dition
NAME	FALTUS, P		2 2 NAM	E				
STREET ADDRESS	7963 BAYSHORE DR, SUITE 6		2.3 \$1RE	ET ADDRESS				
CITY - ST - ZIP	TREASURE ISLAND FL 33706			'-ST-ZIP				
TILE	T	☐ DELETE	3 1 THILE				☐ Change ☐ Add	idition
NAME	KOSTANLATSKY, PAUL		3.2 NAM	£				
STREET ADDINESS	7963 BAYSHORE DR, SUITE 6			E I ADDRESS				
CITY-ST ZIP	TREASURE ISLAND FL 33706			'- ST-ZIP				
THE		DELETE	4.1 TITLE				Change Add	dilion
NAME			4 2 NAM					GIIIGH
STREET ADDRESS				-				
Ī			1	F1 ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY				Change Car	al factors
		☐ print	51 TITLE	ľ			Change Add	มเยชท
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TIFLE				Change Add	dition
NAME			6.2 NAM	E				
STREET ADDRESS			63 STRE	ET ADORESS				
CITY-ST ZIP			6.4 CITY	· ST - ZIP				

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 correporation 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.

812 360-2516