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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700006863

1. Corporation Name

CAREER BLAZERS INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90156 018 \*\*\*150.00



Principal Place of Business Mailing Address					
222 W. LAS COLINAS BLVD SUITE 1250 IRVING TX 75039		222 W. LAS COLINAS BLVD SUITE 1250 IRVING TX 75039			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
					12/26/1997
2 Dringing Di	ace of Business	2a. Mailing Address			4. FEI Number Applied For
	ace or business	<b>⊢</b> "			75-2503786 Not Applicable
Suite Ant 1	# etc	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
				Name	
NATIONAL CORPORATE RESEARCH, LTD., INC.			82	2 Street	Address (P.O. Box Number is Not Acceptable)
	HAYES STREET, SUITE #2				<u> </u>
TALL	AHASSEE FL 32301	•	83	3	·
		·	84	1 City	FL 85 Zip Code
44 Durament to the provisions of Continue 607 0502 and 607 1509 Elocide Statutes the chara name					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE  Storature byted or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Age	a-yılalılır eri	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	EVP OFFICERS ANI	DELETE	1.1 TITLE		
NAME	MANCIVALAND, MICHAEL F		1.2 NAME		Thomas A. Bickes 222 W. Las Colines Blvd. # 1250
STREET ADDRESS	THE WALL OF COLUMN PARTY OF LARGE			ET ADDRESS	222 W. Las Colinas Blva. # 1230
ļ	IRVING TX 75039	- 1644	14 CITY-		Irving, 7% 75039
CITY-ST-ZIP TITLE	COBD	☐ DELETE	2.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	LEWIS, WILLIAM M	_	2.2 NAME		
STREET ADDRESS	THE STATE OF THE S			TADDRESS	
CITY-ST-ZIP IRVING TX 75039			2. 4 CITY-	-	
TITLE	AT	☐ DELETE	3.1 TITLE		Change Addition
NAME	PETTYJOHN, STAYTON		32 NAME		petry John, Stayton,
STREET ADDRESS	222 W LAS COLINAS BLVD ST	E 1250	3.3 STREI	ET ADDRESS	Petry John, Stayton, 222 W. Las Colinas Blvd # 1250
CITY-ST-ZIP	IRVING TX 75039	<del></del>	3.4. CITY	_	Irving TX 75039
TITLE	SVP	☐ DELETE	4.1 TITLE		Change Addition
NAME	OLSON, ERIC L		4. 2 NAME	<b>.</b>	
STREET ADDRESS	410 17TH ST ST 1650		4.3 STREE	ET ADDRESS	
CITY-ST-ZIP	DENVER CO 80202		4.4 CITY-	ST-ZIP	
TITLE	VC	☐ DELETE	5.1 TITLE		Y las Many Union t Dichange DAddition
NAME	TYLER, MARY-KNIGHT		5.2 NAME		Tyler, May - Krugh 2 Rhy #1752
STREET ADDRESS	222 W. LAS COLINAS BLVD., S	UITE 1250	5.3 STRE	ET ADDRESS	1
CITY-ST-ZIP	IRVING TX 75039		5.4 CITY-	ST-ZIP	Irving TX 75039
TITLE	V	DELETE	6.1 TÍTLE		☐ Change ☐ Addition
NAME	SNIADECKI, AL	/ \	6.2 NAME		20° " ,
STREET ADDRESS	222 W. LAS COLINAS BLVD., S	UITE 1250	6.3 STRE	ET ADDRESS	Y
CITY OT 710	IDVING TY 75030	SILE IESO	6.4 CITY-	ST-ZIP	· ·

14. I 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #