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 # F9800006763

1. Corporation Name

Suite, Apt. #, etc.

Orlando,

.City & State

32835

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BLUE RISON FUNDING CORP

BLUE BIOON I ONDING CONI .	•				
Principal Place of Business	Mailing Address				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\text{\text{1}}\text{\text{1}}\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\t				
2. Principal Place of Business	2a. Mailing Address				
21 1781 Park Center Dr	26 1781 Park Center Dr				

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Zip

City & State

32835

Orlando,

3. Date Incorporated or Qualifed

12/14/1998 4. FEI Number Applied For 94-3314702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing **--**Trust Fund Contribution Added to Fees This corporation owes the current year Intangible □No Personal Property Tax.

FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90063 044 ***150.00

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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Country

USA

9. Name and Address of Current Registered Agent

	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City FL 85 Zip Code						

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.

Country

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	PD SQ DE	LETE	1.1 TITLE	President & Director	Change	Addition			
NAME	DEPATIE, MICHAEL A		1.2 NAME	L. Steven Miller					
STREET ADDRESS	1875 SOUTH GRANT STREET SUITE 650		1.3 STREET ADDRESS	1781 Park Center Drive					
CITY-ST-ZIP	SAN MATEO CA 94402		1.4 C/TY+ST-ZIP	Orlando, FL 32835					
TITLE	VSD 😾 DE	LETE	2.1 TITLE	_	Change	XX Addition			
NAME	CHAMBERS, DEWEY W		2.2 NAME	Treasurer & Director					
	1875 SOUTH GRANT STREET SUITE 650		2.3 STREET ADDRESS	Richard Goodman					
	SAN MATEO CA 94402		2.4 CITY-ST-ZIP	1781 Park Center Drive					
CITY-ST-ZIP	V DE	LETE	3.1 TITLE	Orlando, FL 32835	Change	Addition			
	BELL, THOMAS A -		3.2 NAME	Secretary & Director	A	^ .			
STREET ADDRESS			3.3 STREET ADDRESS	Thomas A. Bell	-				
	SAN MATEO CA 94402		3.4. CITY-ST-ZIP	1781 Park Center Drive					
CITY-ST-ZIP TITLE	VT X DE	1 FTF	4.1 TITLE	Orlando, FL 32835	Change	Addition			
	*1		4.2 NAMÉ						
	PEJZA, MICHAEL L		4.3 STREET ADDRESS						
	1875 SOUTH GRANT STREET SUITE 650								
	SAN MATEO CA 94402	1575	4.4 CITY-ST-ZIP		Change	☐ Addition			
TITLE	l ne	ELETE	5.1 TITLE		☐ Change				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	•					
C/TY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	□ D€	LETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

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 of 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

(407) 532-1000