

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90030 039 ***550.00

DOCUMENT # **F98000006976**
Corporation Name
BLANCHARD SYSTEMS, INC.



Principal Place of Business
21 JEFFERSON HWY.
JEFFERSON LA 70131

Mailing Address
4921 JEFFERSON HWY.
JEFFERSON LA 70131

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/22/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		72-1337177	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing	
30		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
31		31		8. This corporation owes the current year	
32		32		Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

I, 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE	P	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2. NAME	BLANCHARD, CHARLES S JR.	1.2 NAME					
3. STREET ADDRESS	4921 JEFFERSON HWY.	1.3 STREET ADDRESS					
4. CITY-ST-ZIP	JEFFERSON LA 70131	1.4 CITY-ST-ZIP					
5. TITLE	V	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6. NAME	ZEBILICH, KEITH	2.2 NAME					
7. STREET ADDRESS	4921 JEFFERSON HWY.	2.3 STREET ADDRESS					
8. CITY-ST-ZIP	JEFFERSON LA 70131	2.4 CITY-ST-ZIP					
9. TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
10. NAME		3.2 NAME					
11. STREET ADDRESS		3.3 STREET ADDRESS					
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP					
13. TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. NAME		4.2 NAME					
15. STREET ADDRESS		4.3 STREET ADDRESS					
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP					
17. TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
18. NAME		5.2 NAME					
19. STREET ADDRESS		5.3 STREET ADDRESS					
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP					
21. TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22. NAME		6.2 NAME					
23. STREET ADDRESS		6.3 STREET ADDRESS					
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP					

I, 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.

SIGNATURE: **SIGNATURE REQUIRED** 6/30/99 504-734-2166

CR2E034 (5/99)