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 # G75312

(0)

BLUE WATER BUILDING SYSTEMS, INC.

LILED						
Jan 23	1998	8:00am				
Secre	tary o	of State				

Zip Code

CH CD

	75	Marita a Autoria						
Principal Place	or Business	Mailing Addres	i5					
BOI BIRDIE WAY P. O. BOX 3538 APOLLO BEACH FL 33572		BO1 BIRDIE WAY P. O. BOX 3536 APOLLO BEACH FL 33572				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						12/20/1983		
. Principal Pla	ce of Business	2a, Mailing Add	ires s			4. FEI Number	Applied For	
		26				59-2383660	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #	¥, etç.				8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip I	Country 25	Zip 29	30	untry	,	8. This corporation owes or has paid the curren Personal Property Tax due June 30.		
	p. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Age	nt	
ILFELD, RICHARD R. 801 BIRDIE WAY			81					
APOLLO BEACH FL 33572				82	<u></u> _	dress (P.O. Box Number is Not Acceptable)		
· -				83				

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.

City

SIGNATURE			
		: Registered Agent signature requ	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change Addition
NAME	ILFELD, RICHARD R.	1.2 NAME	
STREET ADDRESS	801 BIRDIE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ Delete	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	61 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, CT. 2ID		6 4 CITY - 91 - 7(D	

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 13 if changed, or on an attachment with an address.

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