

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H09527**

(3)

1. Corporation Name

BLUEPRINT SYSTEMS DESIGN, INC.

Principal Place of Business

**6350 SW 35TH PLACE
MIRAMAR FL 33023-2017**

Alternate Address

**6350 SW 35TH PLACE
MIRAMAR FL 33023-2017**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
06/26/1984

3a. Date of Last Report
07/18/1994

2. Principal Place of Filings

21

2a. Mailing Address

26

4. FEI Number

59-2405018

Applied For
Not Applicable

State Apt # etc

22

State Apt # etc

27

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

24

County

25

Zip

29

County

30

8. This corporation has liability for intangible taxes under S. 190 USC,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUYAT, BARBARA J.
6350 SW 35TH PLACE
MIRAMAR FL 33023**

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 607.05(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, only as 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent of Corporation

Signature of Registered Agent or Designated Agent of Corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (by 1)

NAME

STREET ADDRESS

CITY

STATE

ZIP

**PD
KUYAT, RONALD D.
6350 SW 35TH PLACE
MIRAMAR FL**

1. NAME

1. STREET ADDRESS

1. CITY

1. STATE

1. ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY

STATE

ZIP

**S
KUYAT, BARBARA J.
6350 SW 35TH PLACE
MIRAMAR FL**

2. NAME

2. STREET ADDRESS

2. CITY

2. STATE

2. ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY

STATE

ZIP

3. NAME

3. STREET ADDRESS

3. CITY

3. STATE

3. ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY

STATE

ZIP

4. NAME

4. STREET ADDRESS

4. CITY

4. STATE

4. ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY

STATE

ZIP

5. NAME

5. STREET ADDRESS

5. CITY

5. STATE

5. ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY

STATE

ZIP

6. NAME

6. STREET ADDRESS

6. CITY

6. STATE

6. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.02(1)(b), Florida Statutes. I further certify that the information included 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 13 of this report or on an attached report with an address.

SIGNATURE:

Ronald D. Kuyat

RONALD D. KUYAT

4/29/95

305/961-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR