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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90042 020 ***150.00

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DOCUMENT	#	H52354
4 Corporation Name		

BLOIS & BLOIS STUDIOS, INC.

·						
Principal Place of Business	Mailing Address					
2574 NW 38TH ST BOCA RATON FL 33434 US	2574 NW 38TH ST BOCA RATON FL 3343 US	4		DO NOT WRIT	E IN THIS SPAC	É
•••	•			3. Date Incorporated or Qualifed 04/16/1985		
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	L	Applied For
21	26			59-2532815		Not Applicable
Suite, Apt. #; etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	11 * * *	.75 Additional ee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	1 1 7 7	5.00 May Be dded to Fees
Zip Country	Zip	Country		8. This corporation owes the curre	nt year Intangible	•
24 25	29	30		Personal Property Tax.	□Ye	s 🕱 No
	Current Registered Agent			10. Name and Address of New R	gistered Agent	
WEISS, JAN		. 81				
		82	82 Street Address (P.O. Box Number is Not Acceptable)			
#345 Boca raton FL 33432		83				
		84	,		FL 85	Zip Code
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida, Such change wa	as authorized by	the corpor	orporation submits this statement for the ration's board of directors. I hereby accept	ourpose of chang the appointment	ing its registered t as registered
SIGNATURE Signature, typed or printed name of regis	And agent and title if applicable	NOTE: Basistered Ass	nt signature rec	quired when reinstating)	DATE	
7,7 ,	ERS AND DIRECTORS	13.	int segmental to rec	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
TITLE	PVST DELETE	1.1 TITLE	☐ Change	☐ Addition				
NAME	BLOIS, DOROTHY	1.2 NAME		į				
STREET ADDRESS	- 2574 NW 38TH ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP						
TITLE	DELETE	2.1 TITLE		☐ Addition				
NAME		2.2 NAME		l				
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	6.1 TITLE	☐ Change	☐ Addition				
NAME _		6.2 NAME	_					
STREET ADDRESS		6.3 STREET ADDRESS	The same of the sa	• • • • •				
CITY-ST-ZIP	•	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.

SIGNATURE: