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* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75137

1. Corporation Name

BLIND SQUIRREL, INC.

Principal Place	e of Business	Mailing Address							,	
41 W OSCEOLA		41 W OSCEOLA ST								
STUART FL 34994-9193 STUART FL US US		STUART FL 34994-9193	FL 34994-9193			DO NOT WRITE IN THIS SPACE				
US		00				3. Date Incorpora				
						09/10/1985				ľ
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		•	Ар	plied For
21		26				59-2580869	3		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of S	tatue Decired	br	\$8.75	Additional
22		27				J. Certificate of S		<u> ^ </u>	Fee Re	quired
City & State	e	City & State				6. Election Camp	•	п	\$5.00	- 1
23		28				Trust Fund Co			Added t	o Fees
Zip	Country	Zip	Cou	itry		8. This corporation Personal Prop	on owes the cu	ment year in	tangible	. Tanada in
24	25	29	30							
	9. Name and Address of Current	Registered Agent	_	81 N	Name	10. Name and Ad	IGIESS OF NEW	Registered	Agent	
FI AC	3G, ROBERT H		1	ין יי	Maille					
	VEST OSCEOLA STREET			82 5	Street Addre	ess (P.O. Box Number	er is Not Accep	table)		
	ART FL 34994			83						
0.0.				••						
			Î	84 (City			FL	85 Zip (Code
44 5	to the provisions of Sections 607.0502	and 607 1509 Florida Statu	tos the at	- L	amed corne	oration submits this s	tatement for th		changing its	registered
office or r	egistered agent, or both, in the State o	nf Florida. Such change was a	authorized	by the	corporatio	n's board of directors	s. I hereby acc	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered agent	Land title if poplishing (NOT	E. Panietarad	Agent eig	nature required	d when reinstating)		DATE		
12.	OFFICERS AN		<u> </u>	ngent są	Jinatoro rogando					
		DDIRECTORS	13.			ADDITIONS/CH	IANGES TO O	FFICERS AN	ND DIRECTO	RS IN 12
(HEE		D DIRECTORS DELETE	13.	LE	$\overline{}$	ADDITIONS/CH	ANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
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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 angual report or suppliemental 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 from an officeness, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR