

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86833 (7)
1. Corporation Name
BLOSSOM BOKAY, INC.

Principal Place of Business	Mailing Address
840-P DELTONA BLVD DELTONA FL 32725	840-P DELTONA BLVD DELTONA FL 32725

3. Date Incorporated or Qualified 08/05/1987		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-2867330		Applied For <input type="checkbox"/> Yes Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHEEK, ZELLA M. 840-P DELTONA BLVD DELTONA FL 32725		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 607.0009 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 607.0005, Florida Statutes.

SIGNATURE

Stylus: The stylus or probe is used to apply a controlled force to the sample surface.

NOTE: For a broad April 1996 survey, respondents were asked to

(14)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHEEK, ZELLA M. 840-P DELTONA BLVD DELTONA FL	<input type="checkbox"/> DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHEEK, ALBERT 840-P DELTONA BLVD DELTONA FL	<input type="checkbox"/> DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Zella M. Cheek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407/574-0005

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CR2E034 (12/95)