


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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10: 07

DOCUMENT # **K09687** (0)
1. Corporation Name
BLP ASSOCIATES, INC.

Principal Place of Business: **777 S. FLAGLER DR STE 310 (EAST) % KEITH A. JAMES WEST PALM BEACH FL 33401**
Mailing Address: **777 S. FLAGLER DR STE 310 (EAST) % KEITH A. JAMES WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1987** 3a. Date of Last Report: **06/09/1994**
4. FEI Number: **65-0028540** Applied For: **Not Applicable**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

B. Name and Address of Current Registered Agent

**BREGMAN, HOWARD
777 S. FLAGLER DR.
STE. 310 (EAST)
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOLDSTEIN, GILBERT
STREET ADDRESS	13161 BURGUNDY DR S.
CITY-ST-ZIP	PALM BCH. GARDENS FL
TITLE	V
NAME	SHAPIRO, PAUL
STREET ADDRESS	777 S. FLAGLER DR E.
CITY-ST-ZIP	W. PALM BCH FL
TITLE	ST
NAME	BREGMAN, HOWARD
STREET ADDRESS	777 S. FLAGLER DR E.
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	D
NAME	WOLDOW, ROBERT
STREET ADDRESS	2000 S. OCEAN BLVD
CITY-ST-ZIP	PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V/P
5.3 STREET ADDRESS	Gittis, Howard
5.4 CITY-ST-ZIP	195 Via Del Mar Palm Beach, FL 33480
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 appointed to administer this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addition.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Gilbert Goldstein, President**

Date: **4/3/95** Daytona Phone #: **407-624-2244**