FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **12/30/1987**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
21 777 South Flagler Drive
Suite, Apt. #, etc. 22 310 East
City & State 23 West Palm Beach FL
Zip 24 33401 Country 25 USA

2a. Mailing Address
26 777 South Flagler Drive
Suite, Apt. #, etc. 27 310 East
City & State 28 West Palm Beach FL
Zip 29 33401 Country 30 USA

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

9. 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 **FL** 85 Zip Code

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: _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GILBERT	1.2 NAME	
STREET ADDRESS	13161 BURGUNDY DR S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, PAUL	2.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREGMAN, HOWARD	3.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLDOW, ROBERT	4.2 NAME	
STREET ADDRESS	2000 S. OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GITTIS, HOWARD	5.2 NAME	
STREET ADDRESS	195 VIA DEL MAR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 any address.

SIGNATURE: Gilbert Goldstein, Pres. 3/2/96 (407) 622-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)