

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
777 S FLAGLER DR 777 S FLAGLER DR
310 E 310 E
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6161
US US

3. Date Incorporated or Qualified **12/30/1987** 3a. Date of Last Report **03/07/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Surle, Apt. #, etc.	Suite Apt. #, etc.	65-0028540	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BREGMAN, HOWARD 777 S. FLAGLER DR. STE. 310 (EAST) WEST PALM BEACH FL 33401		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: _____ **1/23/97** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)