F COR ANNL	PROFIT PROFIT PORATION JAL REPORT 1998	E AFTER	FLORIDA DEP/ Sandra	ARTMENT ( B. Morthe tary of State	DF STATE am	Apr 15		<b>8</b> 8:0	
OCUN Corporation BLUEW	MENT # K362 NATER PARKS, INC.		(6)						
ncipal Place of Business Mailing Address 200 US 27 N 1640 CHINOOK TR EBRING FL 33870 MAITLAND FL 32751 S US						DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualifie 10/04/1000</li> </ol>	d		
Principal Pl	ace of Business	26. M	lailing Address	<u> </u>		4. FEI Number 65-0113600	·		plied For of Applicabl
Suite, Apt	#, etc		uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
ity & State	9		City & State			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	,	\$5.00 Added	
ip	Country 25	29 Z	ip	Cour 30	ntry	<ol> <li>This corporation owes or has Personal Property Tax due J</li> </ol>	•		angible No
	9. Name and Address of Cu	urrent Register	red Agent		81 Name	10. Name and Address of New	Registered	Agent	
DPR	OWN, ANDREA A								
				ł	B3 Ctroot Add	Irong /P O. Poy Number in Met Accer	table)		
164	IO CHINOOK TR ITLAND FL 32751					Iress (P.O. Box Number is Not Accep	otable)		
164	10 CHINOOK TR				82 Street Add 83	ress (P.O. Box Number is Not Accep	otable)		
164 MA	io Chinook Tr Itland Fl 32751	.0502 and 607	1508, Florida Stat	-	83 84 City	· · · · · · · · · · · · · · · · · · ·	FL	_ [ ] ]	Code Is registered
Pursuant t office or re agent. 1 ar	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	ed agent and title if a	oplicable (NG	utes, the ab s authorized Florida State	83 84 City	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	of changing it pointment as	is registered registered
Pursuant t office or re agent. 1 ar	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the o Signature, typed or printed name of registere OFFICERS		ors	utes, the ab s authorized forida State OTE: Registered 13.	83 84 City bove-named con 3 by the corpora utes.	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	is registered registered
Pursuant t office or re agent. I ar	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Stgnature, byned or printed name of registere OFFICERS PD ALLEN, JOHN W.	ed agent and title if a	oplicable (NG	utes, the ab s authorized Florida Statu DTE: Registered	83 84 City bove-named corr d by the corpora utes.	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	of changing it pointment as	is registere registered
164 MA Pursuant t office or re agent. 1 ar NATURE	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the o Stgnature. byted or printed name of registere OFFICERS PD ALLEN, JOHN W. 2426 MAUMEE DRIVE	ed agent and title if a	ors	utes, the ab s authorized Florida Statu DTE: Registered 13. 1.1 III 1.2 NA	83 84 City bove-named corr d by the corpora utes.	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	is registered registered
164 MAI Pursuant t office or re agent. 1 ar vATURE	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Signature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MAUMEE DRIVE OKEMOS MI	ed agent and title if a	INPICADIO (NO ORS DELETE	utes, the ab s authorized lorida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	83 84 City bove-named con 3 by the corpora utes. I Agent aignature requilter. I Agent aignature requilter.	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	DICHANGING IT	IS registered registered IS IN 12
164 MAI Pursuant I office or re agent. I ar vATURE 1 ADDRESS S1-ZIP	to CHINOOK TR ITLAND FL 32751 to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature. bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MAUMEE DRIVE OKEMOS M VSD ALLEN, LINDA C.	ed agent and title if a	ors	utes, the ab s authorized Florida Statu OTE: Registered <b>13.</b> 1.1 TIF 1.2 NA 1.3 STI	83 84 City bove-named conj 3 by the corpora utes. I Agent aignature requilter I Agent aignature requilter ME REET ADDRESS IY-ST-ZIP LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	IS registered registered IS IN 12
164 MAI Pursuant I office or re agent. 1 ar vATURE 1 ADDRESS S1-ZIP	to CHINOOK TR ITLAND FL 32751 to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MAUMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO ORS DELETE	utes, the ab s authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	83 84 City bove-named conj 3 by the corpora utes. I Agent aignature requilter I Agent aignature requilter ME REET ADDRESS IY-ST-ZIP LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	DICHANGING IT	IS registered registered IS IN 12
164 MAI Pursuant t office or re agent. 1 ar vATURE 1 ADDRESS S1-2/P 1 ADDRESS	ID CHINOOK TR ITLAND FL 32751 In the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stgnature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL	ed agent and title if a	INPICADIO (NO ORS DELETE	Utes, the ab s authorized Florida Statu OTE: Registered 13. 1.1 TIF 1.2 NA 1.3 STI 1.4 CIT 2.1 TIF 2.2 NA 2.3 STI 2.4 CI	B3     B4     City     Dove-named con     d by the corpora     utes.     Agent aignature requ      Le     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	IS registere registered IS IN 12 Additio
164 MAI Pursuant I office or re agent. 1 ar vATURE 1 ADDRESS S1-2IP 1 ADDRESS S1-2IP	to CHINOOK TR ITLAND FL 32751 to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MAUMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO ORS DELETE	utes, the ab s authorized lorida Statu OTE Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	B3     B4     City     Dove-named con     d by the corpora     utes.     Agent aignature requ      LE     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     ALET ADDRESS     TY-ST-ZIP     LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	DICHANGING IT	IS registere registered IS IN 12 Additio
164 MAI Pursuant to office or re agent. 1 ar vATURE 1 ADDRESS S1-2IP 1 ADDRESS S1-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO ORS DELETE	Utes, the ab s authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	B3     B4     City     Dove-named con     d by the corpora     utes.     Agent aignature requ      LE     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     ALET ADDRESS     TY-ST-ZIP     LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	IS registered registered IS IN 12 Additio
164 MAI Pursuant t office or re agent. 1 ar NATURE T ADDRESS S1-2IP T ADDRESS S1-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A.	ed agent and title if a	INPICADIO (NO DRS DELETE DELETE	Utes, the ab s authorized Florida Statu 712: Registered 13. 1.1 TIF 1.2 NA 1.3 STI 2.1 TIF 2.2 NA 2.3 STF 2.4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4, CF	B3     B4     City     Dove-named con     J by the corpora     utes.     Agent aignature requ      LE     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant I office or re agent. Lar NATURE T ADDRESS SI-2IP T ADDRESS SI-2IP T ADDRESS SI-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO ORS DELETE	Utes, the ab s authorized Florida Statu 13. 1.1 III 1.2 NA 1.3 STI 1.4 CIT 2.1 III 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT	B3     B4     City     Dove-named con     J by the corpora     utes.     Agent aignature requ      LE     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP     LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap	D DIRECTOR	IS registered registered IS IN 12 Additio
164 MAI Pursuant to office or re agent. 1 ar vATURE 1 ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO DRS DELETE DELETE	Utes, the ab s authorized Florida Statu 13. 1.1 III 1.2 NA 1.3 STI 1.4 CIT 2.1 III 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA	B3     B4     City     Dove-named con     J by the corpora     utes.     Agent aignature requ      LE     ME     REET ADDRESS     Y-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP     LE     ME     REET ADDRESS     TY-ST-ZIP     LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant to office or re agent. Lar vATURE 1 ADDRESS S1-2IP T ADDRESS S1-2IP T ADDRESS S1-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPLEADIO (NO DRS DELETE DELETE DELETE	Utes, the ab s authorized Florida Statu DTE: Registered 13, 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 3.3 STI 4.3 STI 4.4 CIT	83       84       City       bove-named conj       3 by the corpora       Jaget algosture requires       I Agent algosture	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant I office or re agent. 1 ar NATURE TADDRESS S1-2IP TADDRESS S1-2IP TADDRESS S1-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPICADIO (NO DRS DELETE DELETE	Utes, the ab s authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 5.3 STI 4.4 CIT 5.1 TIT	83       84       City       bove-named conj 3 by the corpora- utes.       I Agent aignature requires.       I Agent aignature.       I E       ME       REET ADDRESS       I'Y - ST - ZIP       LE       ME       REET ADDRESS       I'Y - ST - ZIP       LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant I office or re agent. 1 ar NATURE T ADDRESS S1-2IP T ADDRESS S1-2IP T ADDRESS S1-2IP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPLEADIO (NO DRS DELETE DELETE DELETE	Utes, the ab s authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	83       84       City       bove-named conj 3 by the corpora- utes.       I Agent aignature requires.       I Agent aignature.       I E       ME       REET ADDRESS       I'Y - ST - ZIP       LE       ME       REET ADDRESS       I'Y - ST - ZIP       LE	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant t office or re agent. 1 ar NATURE Et ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPLEADIO (NO DRS DELETE DELETE DELETE DELETE DELETE	Utes, the ab s authorized Florida Statu 13. 1.1 TIF 1.2 NA 1.3 STI 1.4 CIT 2.1 TIF 2.2 NA 2.3 STF 2.4 CF 3.1 TIT 3.2 NA 3.3 STF 3.4 CF 5.1 TIT 5.2 NA 5.3 STF 5.4 CFT	83       84       City       bove-named conj 3 by the corpora- utes.       I Agent algosture requires.       I Agent algosture.       I Agent algosture. <td>poration submits this statement for th tion's board of directors. I hereby ac</td> <td>FL ne purpose o ccept the ap</td> <td></td> <td>IS registered registered RS IN 12 Additio</td>	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered RS IN 12 Additio
164 MAI Pursuant t office or re agent. 1 ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPLEADIO (NO DRS DELETE DELETE DELETE	Utes, the abs s authorized Florida Statu 712: Registered 13. 1.1 TIF 1.2 NA 1.3 STI 2.4 CF 3.1 TIF 3.2 NA 3.3 STF 3.4 CF 4.1 TIF 4.2 NA 4.3 STF 4.3 STF 5.1 TIF 5.2 NA 5.3 STF 5.4 CFT 6.1 TIF	83       84       City       bove-named conj 3 by the corpora- utes.       I Agent aignature requires.       I Agent aignature.       I Agent aign	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered IS IN 12 Additio
164 MAI Pursuant t office or re agent. 1 ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ID CHINOOK TR ITLAND FL 32751 The provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the or Stignature, bried or printed name of register OFFICERS PD ALLEN, JOHN W. 2426 MALMEE DRIVE OKEMOS MI VSD ALLEN, LINDA C. 1640 CHINOOK TR MAITLAND FL TD BROWN, ANDREA A. 1640 CHINOOK TR	ed agent and title if a	INPLEADIO (NO DRS DELETE DELETE DELETE DELETE DELETE	Utes, the abs s authorized Florida Statu 13. 1.1 III 12 NA 1.3 STI 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	83       84       City       bove-named conj 3 by the corpora- utes.       I Agent aignature requires.       I Agent aignature.       I Agent aign	poration submits this statement for th tion's board of directors. I hereby ac	FL ne purpose o ccept the ap		IS registered registered RS IN 12 Additio