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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42581

(4)

BLOCK DESIGN DEVELOPMENT, INC.

FILED Apr 17 1997 8:00am Secretary of State

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Principal Place M MICHAEL J 1320 S. PROER STUART FL 3M	CARMODY I TEO NE	Mailing Address C/O LEE CHABOT 1320 S. FEDERAL HWY. STUART FL 34994-3407								
		US				10/31/			te of Last R 7/1996	eport
2. Principa! Pi 21	ace of Business	2a. Mailing Address 26		•		4. FEI Nur 65-00	nber)82140			oplied For ot Applicable
Suite Apt.	#. etc.	Suite, Apt. #, etc.				5. Certifica	ite of Status Desired	X	-	Additional equired
City & State 23	y	City & State				I.	Campaign Financing and Contribution			May Be to Fees
Ζιρ 24	Country 25	Zip 29	30 Co.	ıntry		Florida		Yes T	No	. 199.032,
	9. Name and Address of Currer	nt Registered Agent		1		10. Name #	nd Address of New F	legistered"/	gent	·
	BOT, LEE			81	Name					
) S. FEDERAL HWY. ART FL 34994			82	Street	Address (P.O. Box	Number is Not Accept	able)		
310	MITE 34884			83						
				84	City		······································	FL	85 Zip	Code
office or r agent + a SIGNATURE	Signature: typed or printed name of registered ag OFF ICERS AN	e of Florida. Such change was pations of, Section 607.0505. Cent and tice if applicable (NC ID DIRECTORS	authorize lorida Sta HAD	tute:	the corps.	PRES. required when reinstaling	directors. I hereby acc	ept the appropriate the property of the proper	DIRECTOR	registered
TITLE	D CHARGE LEE	☐ DELETE	1.1 T	ITLE					Change	Addition
NAME	CHABOT, LEE 5135 S.E. MANATEE TERR		1.2 N							
STREET ADORESS	STUART FL				ADDRESS	4				
CITY+ST-ZIP TITLE	D	DELETE	1.4 G 2.1 T		T-ZIP			······································	Change	Addition
NAME	CHABOT, DOLLY K		2.2 N							
STREET ADDRESS	5132 SE MANATEE TERR		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	STUARY FL		2.40	CITY-	ST-ZIP		***			
TITLE	D Cook, robert	L DELETE	3.1 T					:	Change	Addition
NAME STREET ADDRESS	5675 SE WINDSONG LN #531	1	3.2 N		ADDRESS					
CITY-ST-ZIP	STUART FL	•			ST- <i>Z</i> IP					
TITLE	,	☐ DELETE	4.1 T	_					Change	Addition
NAME			4.21	NAME						
STREET ADDRESS			4.3 \$	TAEET	ADDRESS					
City - St - ZiP		T heirre			ST-ZIP				Change	Addition
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NAME			6.2 1	IAME						
STREET ADDRESS					ADDRESS					
CITY-S1-ZIP	by certify that the information supply	ad with this filing door not any			T-ZIP	tated in Costion 11	0.07/3Vi) Florido Crat	dos Liturathos	contifu that	Ltho

r up nereby ceruly 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: