

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # K53529 (9)**

1. Corporation Name

**BIALYSTOCK AND BLOOM, INC.**

95 JUN 15 PM 12:04

Principal Place of Business

Mailing Address

**C/O KIM VACATIONS  
5728 MAJOR BLVD., STE. 605  
ORLANDO FL 32819**

**C/O KIM VACATIONS  
5728 MAJOR BLVD., STE. 605  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/20/1988**

3a. Date of Last Report  
**05/23/1994**

2. Principal Place of Business

2a. Mailing Address

21 **7001 GRAND NATIONAL DR.**

26 **7001 GRAND NATIONAL DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 100**

27 **SUITE 100**

City & State

City & State

23 **ORLANDO, FL**

28 **ORLANDO, FL**

Zip

Country

Zip

Country

24 **32819**

25 **USA**

29 **32819**

30 **USA**

4. FEI Number  
**59-2932621**

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

10. Name and Address of New Registered Agent

**WILLIAMS, STEVEN L.  
5728 MAJOR BLVD., STE. 605  
ORLANDO FL 32819**

81 Name **WILLIAMS, STEVEN L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7001 GRAND NATIONAL DRIVE  
SUITE 100**  
83  
84 City **ORLANDO** FL 85 Zip Code **32819**

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

*Steven L. Williams*

6-12-95

(Type or printed name of registered agent and title, if applicable)

(Type or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	<b>DPTS</b>		
	<b>WILLIAMS, STEVEN L</b>	<b>5728 MAJOR BLVD., STE. 605</b>	<b>ORLANDO FL 32819</b>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
		<b>7001 GRAND NATIONAL DR., STE 100</b>	<b>ORLANDO, FL 32819</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

*Steven L. Williams*

6-12-95

407-352-8505

(Type or printed name of signing officer or director)

Date

Florida Phone #

CR2E034 (3/95)