

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$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

APPROVED
AND
FILED

95 JUN 12 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03898

(8)

1. Corporation Name

BLASE ESTATES, INC.

Principal Place of Business

15240 S.W. 31 COURT
DAVE FL 33331

Mailing Address

% GLENN C. HENDERSON, ESQUIRE
4431 S.W. 64TH AVENUE SUITE 119
DAVE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0281756

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

HENDERSON, GLENN C.
4431 S.W. 64TH AVENUE SUITE 119
DAVE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 the corporation

(Not) Registered Agent signature required after reinitiating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

TITLE

D

NAME

BLASE, ALLEN

STREET ADDRESS

6750 GRIFFIN ROAD

CITY, ST, ZIP

DAVE FL

TITLE

S

NAME

SCHENK, C. FRED

STREET ADDRESS

5401 S.W. 49 STREET

CITY, ST, ZIP

DAVE FL 33314

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

900001512903

-06/14/95-01048-010

****450.00 ****225.00

☐ Change ☐ Addition

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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 (07600), 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 the 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:

C. Fred Schenk C. Fred Schenk 6-8-95 305 587-1251

C. Fred Schenk, Secretary

CR2E034 (3/95)