

CAPITAL CONNECTION

850 222 1222

07/23 '98 08:55 NO.974 02/03

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

FILED

Aug 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

L03898

1. Corporation Name

Blase Estates, Inc.

Principal Place of Business	Mailing Address
1034 S.W. 119th Way Davie, FL 33325	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1034 S.W. 119th Way Subs. Apt. #, etc.	2a Same
22 City & State	27 City & State
23 Davie, FL	28 Same
24 Zip	29 Zip
25 33325	30

3. Date incorporated or qualified	4. FEI Number	5. Certificates of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. This corporation owes or has paid the current year intangible Personal Property tax due June 30.
9/16/93	65-0281756	☐ \$8.75 Additional Fee Required	☐ \$5.00 May Be Added to Fees	☒ Yes ☐ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Allen Blase 82 Street Address (P.O. Box Number is Not Applicable) 1034 S.W. 119th Way 83 City Davie, FL 33325

11. Pursuant to the provisions of Sections 607.0305 and 607.1001, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for this corporation and accept the provisions of Section 607.0305, Florida Statutes.

SIGNATURE

8/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	14 TITLE	15 NAME
STREET ADDRESS	CITY-ST-ZIP	16 STREET ADDRESS	17 CITY-ST-ZIP
TITLE	NAME	18 TITLE	19 NAME
STREET ADDRESS	CITY-ST-ZIP	20 STREET ADDRESS	21 CITY-ST-ZIP
TITLE	NAME	22 TITLE	23 NAME
STREET ADDRESS	CITY-ST-ZIP	24 STREET ADDRESS	25 CITY-ST-ZIP
TITLE	NAME	26 TITLE	27 NAME
STREET ADDRESS	CITY-ST-ZIP	28 STREET ADDRESS	29 CITY-ST-ZIP
TITLE	NAME	30 TITLE	31 NAME
STREET ADDRESS	CITY-ST-ZIP	32 STREET ADDRESS	33 CITY-ST-ZIP
TITLE	NAME	34 TITLE	35 NAME
STREET ADDRESS	CITY-ST-ZIP	36 STREET ADDRESS	37 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this change, or on an attachment with it.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Fred Schenk, Vice President & Secretary

8/5/98

954-587-1251

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