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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L52167 1. Corporation Name

BLITZ VENTURES, INC.

Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90017 047 ***150.00

FILED



						. 1881 81811 81811 818 11 81811 7		
Principal Place	of Business	Mailing Address						
1747 VAN BUREN ST. 1747 VAN BUREN ST								
SUITE 790		SUITE 790		DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
HOLLYWOOD FL	L 33020	HOLLYWOOD FL 33020 US			3. Date Incorporated or Qualifed			
US		00			02/22/1990			
2 Principal Pla	ace of Business	2a. Mailing Address	····		4. FEI Number	Ar	oplied For	
21		26			65-0173911	· No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #			#, etc.		5. Certificate of Status Desired		Additional	
22		27			5. Certificate of Oliston Scotlog	Fee Re	equired	
City & State	9	City & State			6. Election Campaign Financing	¥ - · · ·	May Be	
23	<u></u>	28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre		□No	
24	25	29	30		Personal Property Tax.	Yes	□N0	
	9. Name and Address of Curren	t Registered Agent		91 Now-	10. Name and Address of New Ro	Alexanda Waller		
יוון גם	Z, HOWARD			81 Name	·			
1747 VAN BUREN ST				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 790							2 084 0121 124 3 51 5165 (841	
	LYWOOD FL 33020			83		機制開鍵性	到很快的	
11021	L11100D1E 000E5			84 City		Ei 85 Zip	Code	
					corporation submits this statement for the poration's board of directors. I hereby accept	TL	registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga				oration's board of directors. I hereby accept	the appointment as re	egisiereu	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature	required when reinstating)	DATE	272 11 42	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12 ☐ Addition	
TITLE	PS	☐ DELETE	1.1 TI	T.E		Cuands.		
NAME	BLITZ, HOWARD		1.2 N	ME	·		1	
STREET ADDRESS	1747 VAN BUREN ST., #790		1.3 \$7	REET ADDRESS		•		
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-ZIP		☐ Change	Addition	
TITLE	V	☐ DELETE	2.1 TI	TLE .		[] Citalige	☐ Addition	
NAME	BLITZ, LAWRENCE		2.2 N			:		
STREET ADDRESS	1747 VAN BUREN ST. #790	•	2.3 \$1	REET ADDRESS	•	:	•	
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-ZIP		Change	Addition	
TITLE	T	☐ D€LETE	3.1 TI			□ change		
NAME .	BLITZ, ROBERT		3.2 N					
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NAME			4. 2 N			₹		
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CITY-ST-ZIP				TY-ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	5.1 TI		To the second	Change	, 1,440,00H	
NAME			5.2 N			•		
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CITY-ST-ZIP	-			TY-ST-ZIP		☐ Change	☐ Addition	
TITLE	·	☐ DELETÉ	6.1 TI			Criange		
NAME	and the second second		6.2 N		,	. •		
STREET ADDRESS			1	TREET ADDRESS				
CITY-ST-ZIP	•		6.4 C	ITY-ST-ZIP				

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

954-920-0876