


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L86326 (0) 1. Corporation Name BLAR MITRON, INC.			
Principal Place of Business 32716 US 19 NORTH PALM HARBOR FL 34684		Mailing Address 32716 US 19 NORTH PALM HARBOR FL 34684-3119	
2. Principal Place of Business 21 32888 US 19 North Suite, Apt #, etc. 22 City & State 23 Palm Harbor, FL Zip 24 34684 Country 25 USA		2a. Mailing Address 26 32888 US 19 North Suite, Apt #, etc. 27 City & State 28 Palm Harbor, FL Zip 29 34684 Country 30 USA	
3. Date Incorporated or Qualified 07/05/1990		3a. Date of Last Report 03/29/1996	
4. FEI Number 59-3017623		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CAMERON, WILLIAM 455 S. ALT. 19 PALM HARBOR FL 34683		10. Name and Address of New Registered Agent 81 Name William Cameron <i>new address</i> 82 Street Address (P.O. Box Number is Not Acceptable) 5810 Corkwood Court 83 84 City Holiday FL 85 Zip Code 34690	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V CAMERON, WILLIAM M <input type="checkbox"/> DELETE	1.1 TITLE	V Cameron, William M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 PINEAPPLE ST.	1.2 NAME	5810 Corkwood Court <i>new address</i>
STREET ADDRESS	TARPON SPRINGS FL	1.3 STREET ADDRESS	Holiday FL 34690
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P MITCHELL, LISA M <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	3231 CHALON ST.	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL 34655	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify 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: <i>Lisa M. Mitchell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/8/97 813-787-0147 Date Daytime Phone #	

CR2E034 (9/96)