FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:41

DOCUMENT # L95973 (8)

1. Corporation Name
BLS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
250 S.W. 5TH COURT POMPANO BEACH FL 33060 2000 NW 16 Street Pompano Bch, FL 33060	250 S.W. 5TH COURT POMPANO BEACH FL 33060 2000 NW 16 Street Pomp. Bch, FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0243084 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEGGS, WILLIAM F.
2929 E COMMERCIAL BLVD
PH A
FT LAUDERDALE FL 33308

Biederman, Sherwin
10901 Donoeu Road
Boynton Bch, FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	BIEDERMAN, LISE	1.2 NAME	Lise Biederman
STREET ADDRESS	331 S.E. 13TH COURT	1.3 STREET ADDRESS	10901 Donoeu Road
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	BIEDERMAN, SHERVIN	2.2 NAME	Biederman, Sherwin
STREET ADDRESS	331 S.E. 13TH COURT	2.3 STREET ADDRESS	10901 Donoeu Road
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Biederman, Lise

13. 1.1 TITLE: President
13. 2.1 TITLE: Vice President

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 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: _____ 3/6/95 505-984-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103147 CP