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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

M17675

(3)

DOCUMENT #

1. Corporation Name

BLOOMFIELD DEVELOPMENT CORP.

|--|--|

	of Business	Mailing Address						
2235 CORP	. BLVD. NW	2295 CORP. BLVD. N	W					
110		110						
	ON FL 33431	BOCA RATON FL 334	431			De Dete	-6101	Decord
US		US			3. Date Incorporated or Qualified 07/08/1985	3a. Date	)1/20/	1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2570170			Applied For
21		26			59-2570170			Not Applicable
Suite, Apt #	∜, elc.	Suite, Apt. #, etc.	····		5. Certificate of Status Desired		\$8.7	5 Additional
22		27			6. Certificate of Status Desired		Fe	e Required
Oity & State		City & State			6. Election Campaign Financing		\$5.	00 May Be
23		28			Trust Fund Contribution		Add	ted to Fees
7 <sub>1</sub> 0	Country	Zιρ	Country		8. This corporation has liability for	intangible ta	x under	s 199.032,
24	25	29	30			s □No		
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New I	Registered /	gent	
			81	Name				
HASEY	(, MARTIN J.		82	Ctroot Adde	ress (P.O. Box Number is Not Accepta	hle)		
	N. MILITARY TR., SUITE 260		المحادث المحادث	Street Addi	less (i.e. box (tallibor is ffor Accopta	0.0)		
BOCA	RATON FL 33431		83					
							11	
			84	City		FL	85	Zip Code
dd Daw roat t	the envisions of Sections 60/	05.00 and 607 1509 Florida Statute	e the above-	amed cornor	ration submits this statement for the pu	rnose of cha	noina it	s registered office
or register	ed agent, or both, in the State of I	Florida. Such change was authorize Section 607,0505, Florida Statutes.	ed by the corp	oration's boa	ird of directors. I hereby accept the app	oomment as	register	ad agent. I am
	it, and accept the congations of	Section 607 total, Fibrior Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered	accept a idiotic if accupable (NO	TE: Registered Age	nt signature require	od when reinstating)	EATE		
	City it in a type it carpet it to the die corregion to the							
12	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12
<b>12.</b>	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIREC Chang	
1 105			1 1 TITLE		ADDITIONS/CHANGES TO OF			
1 ILF NAME	PD	☐ DELETE	1 1 TITLE 1.2 NAME	I ADDRESS	ADDITIONS/CHANGES TO OF			
1 ILF NAME STREET ADDRESS	PD HASEY, WM.J.,JR.	☐ DELETE	1 1 TITLE 12 NAME 1.3 STREE		ADDITIONS/CHANGES TO OF			
TILE NAME STREE* AUDRESS CHY-ST-ZIP	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELFTE	1 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY		ADDITIONS/CHANGES TO OF		Chang	e 🗌 Addition
1 ILF NAME STREE* AUDRESS CHEY-S1-ZIP TILF	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELETE	1 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE		ADDITIONS/CHANGES TO OF			e 🗌 Addition
THE NAME STREE' ADDRESS CHEY-ST-ZIP THE NAME	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELFTE	1 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2 1 TITLE 2.2 NAME	ST-ZIP	ADDITIONS/CHANGES TO OF		Chang	e 🗌 Addition
THE NAME STREE* ADDRESS GHY-ST-ZIP HTTE NAME STREET ADDRESS	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELFTE	1 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 2 2 NAME 2 3 STREE	ST-ZIP T ADDRESS	ADDITIONS/CHANGES TO OF		Chang	e 🗌 Addition
THE NAME STREET ADDRESS CHAST STEED HITE NAME STREET ADDRESS CHYSTEED ADDR	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELETE  #110  ☐ DELETE	1 1 111LE 1.2 NAME 1.3 STREE 1.4 CITY-1 2 1 TILE 2.2 NAME 2.3 STREE 2.4 CITY-1	ST-ZIP T ADDRESS	ADDITIONS/CHANGES TO OF	[	Chang	e Addition
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THE NAME SHEET ADDRESS GREY STEZIP THE	PD HASEY, WM.J.,JR. 2295 CORP. BLVD. NW	☐ DELETE  #110  ☐ DELETE  ☐ DELETE  ☐ DELETE	1 1 11/1LE 12 NAME 1.3 STREE* 1.4 CHY-* 2 1 THLE 22 NAME 23 STREE 24 CHY-* 3 1 THLE 32 NAME 33 STREE 34 CHY-* 4.1 THLE 42 NAME 4.3 STREE 4.4 CHY-* 5 1 THLE 52 NAME 5.3 STREE 5.4 CHY-*	T ADDRESS ST-ZIP  T ADDRESS S1-ZIP  I ADDRESS S1-ZIP  T ADDRESS S1-ZIP	ADDITIONS/CHANGES TO OF		Chang Chang Chang	e Addition  de Addition  ge Addition  ge Addition
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cernly treat the information indicated on this arman report or supplemental arman report is due and accurate and that my signature shall have the same logal effect as in flade trider oath, that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNARG OFFICER OF DIRECTOR

2-12-96

241-7444