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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT Sandra B. Mort

Secretary of Sta DIVISION OF CORPOR ATIONS

DOCUMENT #

(1)

FILED

Jan 28 1998 8:00am

Secretary of State

Change

Addition

BLASTORAH ENTERPRISES, INC. Principal Place of Business Mailing Address 15374 ROOSEVELT BLVD. 15374 ROOSEVELT BLVD. SUITE 303 SUITE 303 CLEARWATER FL 33760 CLEARWATER FL 33760 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 24 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLASTORAH, DANIEL 2313 BAY BLVD., #1 82 Street Address (P.O. Box Number is Not Acceptable) INDIAN ROCKS BEACH FL 33785 83 84 85 Zip Code 27 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered property of Section 607.0505, Florida Statutes. 11. Pursuant to the o office or registe agent, or both agent, I am far SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE Change 1.1 TITLE BLASTORAH, DANIEL NAME 1.2 NAME 2313 BAY BLVD., #1 STREET ADDRESS 1.3 STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE ☐ Change ___ Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition Change TITLE 51 TITLE

6.4.esty-est-zip CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual resofficer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with es not challfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eringowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lemental annual repor

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

UIRED

□ DELETE