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

**CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M77766

(7)

**BLUE WATER PUBLISHING CO.** 

FILED									
Apr 24 1997 8:00am									
Secretary of State									



rillicipatriaci	O O DOSINOSS	101	Walling Address						3.0		
MILE MARKER 102.5 KEY LARGO FL 33037			P.O. BOX 2720 KEY LARGO FL 33037-7720								
							3. Date Incorporated or Qualified 04/18/1988	I .	te of L	ast Report	
2. Principal Place of Business			28. Mailing Address			4. FEI Number			Applied For		
21			26			65-0131615					
Sulte, Apt. #, etc.			Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	<b>Zip</b> Country		Zip 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current		stered Agent	- [30]			10. Name and Address of New Re				
DOF	RNBACH, BARBARA	= -		81	1	Name	<del></del>				
491		82	2	Street Addr	ddress (P.O. Box Number is Not Acceptable)						
, ret	LARGO FL 33037			83	3	<del> </del>				<del></del>	
				84	4	City		FL	85	Zıp Code	
agent. I a	m familiar with, and accept the obligation	lions o	ol, Section 607.0505, F	Florida Statuto	08.		poration submits this statement for the p tion's board of directors. I hereby accept acd when reinstating)	DATE			
12.	OFFICERS AND	DIBE		13.		,	ADDITIONS/CHANGES TO OFFIC	ERS AND			
THLE	D		□ DETLIE	1.1 TALLE					☐ Cha	ange 🔲 Additio	
NAME	FRINK, STEPHEN BRUCE		7	1.2 NAME							
STREET ADDRESS CITY-ST-ZIP	491 BARRACUDA BLVD KEY LARGO FL			1.3 STREE 1.4 CITY-							
TITLE	D		DELFTE	2.1 THLE					☐ Cha	nge Additio	
NAME	DORENBACH, BARBARA ANN			2.2 NAME	;						
STREET ADDRESS	491 BARRACUDA BLVD			2.3 \$TREE	ET A	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL		·	2. 4 CITY	- SI	T-21P					
TITLE	D		DELETE	3.1 TITLE					Cha	inge 🔲 Additio	
NAME	HAFF, SHIRLEY CHRISTIE			3.2 NAME							
STREET ADDRESS	1105 HERON RD			3.3 STREE							
CITY-ST-ZIP	KEY LARGO FL		DELETE	3.4. CITY		1-ZIP				noon   Kalabi	
TITLE			ויין מבובוב	4.1 TITLE					Chá	inge [_] Additio	
STREET ADDRESS				4. 2 NAMI		ADDINOT GG					
				4.3 STREE 4.4 CHY-							
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	•	1-411			Chá	age Additio	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE		ADDRESS					
CITY-ST-ZIP				5.4 CITY -							
TITLE			DELETE	6.1 TILLE					☐ Cha	ange 🔲 Additio	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE		ADDRESS					
CITY-ST-ZIP				6.4 CITY -							

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 attadament with an address.