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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90123 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09637

1. Corporation Name
B L E S, INC.

Principal Place of Business
4096 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32250

Mailing Address
4096 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32250



7 72267-30123-3 6 7

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		05/17/1985
22	City & State	27	City & State	4.	FEI Number
	Zip	28	Zip		59-2602768
23	Country	29	Country	5.	Certificate of Status Desired
		30			<input type="checkbox"/> \$8.75 Additional Fee Required
24				6.	Election Campaign Financing
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SANDERS, KEVIN S. 817 WILLOWBRANCH AVE. JACKSONVILLE FL 32205		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTS, PATRICIA	1.2 NAME	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32250	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELVAGN, DEBBIE	2.2 NAME	
STREET ADDRESS	8036 PEBBLECREEK LANE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARGARET	3.2 NAME	
STREET ADDRESS	626 MARAMER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	3.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, TERRIE	4.2 NAME	
STREET ADDRESS	208 32ND AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/24/99 DAYTIME PHONE #: 904-234-4766

CR2E037 (1/98)