


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003560 (7)**

1. Corporation Name

~~THE DAUGHTERS OF SAPPHIRE FOR SISTERS OF COLO~~  
~~R-CORPORATION~~ **Blacque byrlz, Inc.** NK 6/17

Principal Place of Business

Mailing Address

**1933 LUDLOW LANE  
ORLANDO FL 32839**

~~PO BOX 555546~~ **P.O. Box 593503**  
**ORLANDO FL 32855-5546**  
**32855-3503**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 P.O. Box 593503	
22 City & State		27 City & State	
23 Orlando FL		28 Orlando, Florida	
24 Zip	25 Country	29 Zip	30 Country
32855-3503		32855-3503	Orange

3. Date Incorporated or Qualified <b>07/05/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3290940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, JAN B 1933 LUDLOW LANE ORLANDO FL 32839		81 Name <b>Smith, Jan E.</b>	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b>	
		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 **Jan E. Smith** Resident / CEO DATE **6-31-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<b>Katrina Hiley (D)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, JAN B.</b> N/A	12 NAME	<b>P.O. Box 593503</b> N/A add
STREET ADDRESS	<del>PO BOX 555546</del> <b>new po P.O. Box 593503</b>	13 STREET ADDRESS	<b>Orlando, FL 32855-3503</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839 32855-3503</b>	14 CITY-ST-ZIP	<b>Orlando, FL 32855-3503</b>
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<b>Berna Jackson</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHENS, GLENDA</b> N/A	22 NAME	<b>P.O. Box 593503</b> N/A add
STREET ADDRESS	<del>PO BOX 555546</del> <b>new po P.O. Box 593503</b>	23 STREET ADDRESS	<b>Orlando, FL 32855-3503</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839 32855-3503</b>	24 CITY-ST-ZIP	<b>Orlando, FL 32855-3503</b>
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<b>Monica May</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, CORRINE</b> N/A	32 NAME	<b>P.O. Box 593503</b> N/A add
STREET ADDRESS	<del>PO BOX 555546</del> <b>new po P.O. Box 593503</b>	33 STREET ADDRESS	<b>Orlando, FL 32855-3503</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839 32855-3503</b>	34 CITY-ST-ZIP	<b>Orlando, FL 32855-3503</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAULDING, PATRICIA</b>	42 NAME	<b>100002218551--5</b>
STREET ADDRESS	<b>PO BOX 555546</b>	43 STREET ADDRESS	<b>-06/20/97--01080--002</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	44 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, AUDREY</b> N/A	52 NAME	
STREET ADDRESS	<del>PO BOX 555546</del> <b>new po P.O. Box 593503</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32839 32855-3503</b>	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIDEN, BRENDA</b> P.O. Box 593503	62 NAME	
STREET ADDRESS	<del>PO BOX 555546</del>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32839 32855-3503</b>	64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)