NONPROFIT
CORPORATION
ANNUAL REPORT

1997

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003839 (5)

BLESSED, INVESTMENTS, INC.

FILED 97 OCT -7 PM 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place of Business Mailing Address							BETA BUTAN BUTAN 11161 1868 1114 1841 1861		
845 30TH ST WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3340						DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report		
			<u></u>			07/19/1996	None		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number 65-0686266	Applied For Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.			····	_	\$9.75 Additional		
22	, 6.6.	27				5. Certificate of Status Desired	Fee Required		
City & State	9	City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Ь,	Country		8. This corporation owes or has pa	_		
24	25]	29	30			Personal Property Tax due June			
	9. Name and Address of Currer	it Hegistered Agent		81 Na	me	10. Name and Address of New Re	gistered Agent		
				01 142	ine				
MACK, CHARLIE J				82 Str	eet Addre	Address (P.O. Box Number is Not Acceptable)			
#845 30T				83					
WEST PALM BEACH FL 33407									
				84 Cit	У		FL 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.									
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE .			AUOTE D			ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	D DIRECTORS	(NOTE: Reg	13.	nature require	ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE		1.1 TITLE		7,007,101,070,101,000,10	Change Addition		
NAME	MACK, CHARLIE JR	_		1.2 NAME					
STREET ADDRESS	1050 AVE E		\sim	1.3 STREET ADDR	ESS	رود در المعامل	Contract Con		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		1)]	1.4 CITY-ST-ZIP		ហេកក់ទីនិ	208070 3701/952027		
TITLE	V	DELETE		2.1 TITLE		-10/15/3	Change Addition		
NAME	WRIGHT, RUFUS		1	2.2 NAME		*****B1	.25 ******61.25		
STREET ADDRESS	1630 W 36TH ST			2.3 STREET ADDR	ESS				
CITY-ST-ZIP	RIVIERA BEACH FL 33404		レ	2. 4 CITY - ST-ZIF	,				
TITLE	7	DELETE		3.1 TITLE			Change Addition		
NAME	MACK, DOROTHY H			3.2 NAME			i		
STREET ADDRESS	1050 AVE E		\wedge	3.3 STREET ADDR	ESS				
CITY-ST-ZIP	RIVIERA BEACH FL 33404		וע	3.4. CITY - ST - ZIF	·				
TITLE	D	☐ DELETE		4.1 TITLE		,	Change Addition		
NAME	WRIGHT, SHIRLEY H		1	4. 2 NAME					
STREET ADDRESS	1630 W 36TH ST			4.3 STREET ADDR					
CITY-ST-ZIP	RIVIERA BEACH FL 33404		\mathcal{L}	4.4 CITY-ST-ZIP					

6.4 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.

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

DELETE

DELETE

Mach 10 B-11-97

6.3 STREET ADDRESS

Change

Change

___ Addition

☐ Addition