

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000000124 (7)**

1. Corporation Name

**BLONDIE'S LTD., INC.**

Principal Place of Business

**4127 BURNS ROAD  
PALM BEACH GARDENS FL 33410**

Mailing Address

**4127 BURNS ROAD  
PALM BEACH GARDENS FL 33410**



3. Date Incorporated or Qualified

**10/23/1992**

3a. Date of Last Report

**06/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0371377**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHEK, BRIAN T  
1645 PALM BEACH LAKES BLVD.  
SUITE 1050  
WEST PALM BEACH FL 33401**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register the corporation

(401) Registered Agent signature required when registering

(347)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

**FORSLUND, PAULA A**

1.2 NAME

STREET ADDRESS

**8770 SE RIVERFRONT TERRACE**

1.3 STREET ADDRESS

CITY- ST- ZIP

**TEQUESTA FL 33469**

1.4 CITY- ST- ZIP

TITLE

**D**

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

**SCORPIO, TRACIE A**

2.2 NAME

STREET ADDRESS

**8770 SE RIVERFRONT TERRACE**

2.3 STREET ADDRESS

CITY- ST- ZIP

**TEQUESTA FL 33469**

2.4 CITY- ST- ZIP

TITLE

**D**

☐ DELETE

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☐ Change ☐ Addition

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STREET ADDRESS

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3.3 STREET ADDRESS

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3.4 CITY- ST- ZIP

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CITY- ST- ZIP

**D**

4.4 CITY- ST- ZIP

TITLE

**D**

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

**D**

STREET ADDRESS

**D**

5.3 STREET ADDRESS

CITY- ST- ZIP

**D**

5.4 CITY- ST- ZIP

TITLE

**D**

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

**D**

STREET ADDRESS

**D**

6.3 STREET ADDRESS

CITY- ST- ZIP

**D**

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a reaffirmation with an address.

SIGNATURE:

*Paula A. Forslund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/96*

*407 691-1500*

Date

Telephone

CR2E034 (12/95)