

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90012 010 ***550.00

DOCUMENT # **P92000008122**

1. Corporation Name

BLUE CHIP REALTY, INC.



Principal Place of Business

735 COLORADO AVE.
SUITE 6
STUART FL 34994
US

Mailing Address

735 COLORADO AVE.
SUITE 6
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0370549

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 owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 **218 Royal Palm Way**

2a. Mailing Address

26 **P.O. Box 2771**

Suite, Apt. #, etc.

22 **2nd Floor**

Suite, Apt. #, etc.

27 **Palm Beach, FL**

City & State

23 **Palm Beach, FL**

City & State

28 **Palm Beach, FL**

Zip

24 **33480**

Country

25 **USA**

Zip

29 **33480**

Country

30 **USA**

9. Name and Address of Current Registered Agent

HAISFIELD, TAMARA
735 COLORADO AVE
STE 6
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

Marc Haisfield

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

218 Royal Palm Way

83

2nd Floor

84 City

Palm Beach

FL

85 Zip Code

33480

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, as shown, 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

Marc Haisfield, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPTS** ☒ DELETE
NAME **HAISFIELD, TAMARA**
STREET ADDRESS **735 COLORADO AVE, STE 6**
CITY-ST-ZIP **STUART FL**

TITLE **DVP** ☐ DELETE
NAME **HAISFIELD, MARC**
STREET ADDRESS **735 COLORADO AVE STE 6**
CITY-ST-ZIP **STUART FL**

TITLE **DVP** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 recorder 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 attachment with an address.

SIGNATURE:

Marc Haisfield, President

DATE

8/19/99

561 655 2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/99)

0110166