## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

201 ANSIN BLVD

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000005324 (7)

BLYER MOUNTAIN, INC.

Principal Place of Business

**201 ANSIN BLVD** 

FILED Feb 07 1997 8:00am Secretary of State

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HALLANDALE P	-1. 33000	HALLANDALE FL 33009-3116 US	3		t.				
					01/25/1993		3a. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· · · · · ·	1	Applied For	
វា		26			65-0423930			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required	
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees	
Zip	Country	Zip	Countr	/	8. This corporation has liability for i			s. 199.032,	
24	25		30			Yes [			
<u> </u>	9. Name and Address of Curro	ent Registered Agent		1	10. Name and Address of New Re-	gistered A	gent		
	in, ronald		81	Name					
	NE 125 STREET		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
NOF	KTH MIAMI FL 33161								
			83						
			84	City		··	<b>85</b> Zij	p Code	
						<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ		
agent I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	S.	ation's board of directors. I hereby accep	DATE			
12.	•	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	e Addition	
NAME	WOOD, ROLAND		1.2 NAME						
STREET ADDRESS	201 ANSIN BLVD		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		1.4 Orl Y -	ST-ZIP					
MILE		DELETE	2 1 TITLE		(		☐ Change	e 🔲 Additio	
<b>NAME</b>			2 2 NAME						
STREET ADDRESS			2 3 S1REE	1 ADDRESS					
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<b>WHE</b>			3.2 NAME						
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MANE.				T ADDDESS			ノく)	217	
STREET ADDRESS			l l	T ADDRESS			//	シハ	
CITY-ST-ZIP		DELETE	5 4 CITY- 6 1 TITLE	31*ZIF			Change	e Addition	
NAME		La Dicert	6.2 NAME		10000208 -02/07/97010	3 <b>14</b> :	[1		
STREET ADDRESS				T ADDRESS	-02/07/970104	4801	.2		
CITY-ST-ZIP			6.3 STREE		***165.00				
747 41 E - 51 P.	I		■ U 4 UII [ *	QI-ZIF					

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 it is a possible 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 an attachment with an address.

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954-457-2007 1 /31/91