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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000016685 (8)

BLANTREE, INC.

City & State

23

24

Zip

Principal Place of Business	Mailing Address					
3575 NORTHEAST 207TH STREET STORE NO. A-15 AVENTURA FL 33180	3575 NORTHEAST 207TH STREET STORE NO. A-15 AVENTURA FL 33180-3771	3. Date Incorporated or Qualified				
2. Principal Place of Business	2e. Mailing Address	4. FEI Number 65-0397153	Applied For Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional			

City & State

Zip

29

KRAFT, SHARON ABC BOOKKEEPING SERVICE 6800 CODY ST HOLLYWOOD FL 33024

25

Country

9. Name and Address of Current Registered Agent

		6.	Election Campaign Financi Trust Fund Contribution	ng 🖂		5.00 May Be added to Fees
Country		8.	This corporation has liabilit Florida Statutes	y for intangible Yes	tax u	
		10.	Name and Address of Ne	w Registered	gen	l
B1	Name					
""	,					
62		ress (P	O. Box Number is Not Acc	eptable)		
		ress (P	O. Box Number is Not Acc	eptable)		***************************************

FILED

Apr 24 1997 8:00am

Secretary of State

Fee Required

Applied For Not Applicable

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.

30

SIGNATURE		····								
Supra, i.e., you diterprinted harve of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating). DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
UTLE	D DELET	E 1.1 TITLE	Change Addition							
NAME	FALLAS, AL	1.2 NAME								
STREET ADDRESS	10 DEAL ESPLANADE	1.3 STREET ADDRESS								
CHY-ST-ZIP	DEAL NJ 07723	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·							
TIGLE	D DELET	TE 21 TITLE	Change Addition							
NAME	SAKA, JACK	2.2 NAME								
STREET ACIDRESS	6 VAN COURT AVENUE	2.3 STREET ADDRESS								
CITY - S1 - ZiFF	ELBERON NJ 07740	2 4 CITY - ST - ZIP								
TITLE	VP □ DELET	TE 3.1 TITLE	☐ Change ☐ Add:tion							
NAME	FALLAS, MICHAEL	3.2 NAME								
STREET ADDRESS	19500 TURNBERRY WAY	3.3 STREET ADDRESS								
CITY ST-74F	AVENTURA FL 33180	3.4. CITY-ST-ZIP								
lati	DELET	TE 4.1 TITLE	Change Addition							
NAME	•	4 2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
C/17 - \$1 - Z/P		4.4 CITY - ST- 2IP								
TITLE	DELEY	E 5.1 TITLE	Change Addition							
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CHTY - ST - ZHP		54 CITY-ST-ZIP								
HHE	☐ DELET	TE 6.1 TITLE	Change Addition							
NAM:		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CDY+\$1+2#		6.4 CITY - ST - ZIP								

not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the epolt is true and accurate and that my signature shall have the same legat effect as if made under oath; that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information information indicated on this annual rep Lam an officer or director of the cor appears in Block 12 or Block 13 if or

GNING OFFICER OR DIRECTOR

SIGNATURE:

0245238