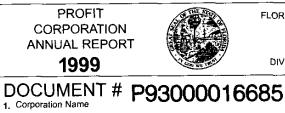
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90036 032 \*\*\*150.00

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BLANTRE	EE, INC.						
Principal Place	of Rusinges		ailing Address				
•	ST 207TH STREET 5	35: ST	75 NORTHEAST 207TH : ORE NO. A-15 'ENTURA FL 33180	STREET			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/05/1993
a Principal Pl	ace of Business	2a	Mailing Address				4. FEI Number Applied For
Z. FIIIIGIPALFI	ace of business	26	, maining rides do				65-0397153 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional
22	,	27	,				5. Certifcate of Status Desired Fee Required
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
:3		28		_			Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	ntry		This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.  Yes No
	<ol><li>Name and Address of Currer</li></ol>	nt Regis	stered Agent				10. Name and Address of New Registered Agent
L/DAS	T OLIABON				81	Name	
KRAFT, SHARON ABC BOOKKEEPING SERVICE 6800 CODY ST		82 83	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	YWOOD FL 33024				63		
1102				ļ	84	City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of th	ent and title	if applicable. (NOT				ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP OFFICERS AF	NO DIN	□ DELETÉ	1.1 Tr	TIF	· ·	Change Addition
{	FALLAS, MICHAEL		<u></u>	1.2 NA			
NAME	19500 TURNBERRY WAY			1		T ADDRESS	·
STREET ADDRESS	AVENTURA FL 33180			1.4 Cľ			
CITY-ST-ZIP TITLE	AVENTOIR LE 00100		☐ DELETE	2.1 T		1-211	Change Addition
NAME			-	2.2 NA	ME	1	
STREET ADDRESS				2.3 ST	REET	T ADDRESS	2 2 2
CITY-ST-ZIP				2.4 C	ITY-S	ST-ZIP	
TITLE			☐ DELETE	3.1 TF	TLE		☐ Change ☐ Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 S1	REET	T ADDRESS	
CITY-ST-ZIP			<u> </u>	3.4. C	ITY- S	ST-ZIP	
TITLE			☐ DELETE	4.1 TI	TLE		. Change Addition
NAME				4.2 N	AME	İ	
STREET ADDRESS				4.3 S1	REE	TADDRESS	
CITY-ST-ZIP			<u> </u>	4.4 CI	TY-S	T-ZIP	
TITLE			☐ DELETE	5.1 Tí		}	☐ Change ☐ Addition
NAME				5.2 N/			
STREET ADDRESS						TADORESS	
CITY-ST-ZIP				5.4 CI		T-ZIP	Change Addition
TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition │
NAME				6.2 N/		TADDDESS	·
STREET ADDRESS				6.3 8	T) ( C	TADDRESS	

The exemption stated in Section 119.07(3)(i), Florida Statetes. I forther certify that the information frate and that my signature shall have the same legal effect as it made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not one indicated on this annual report or suppliemental annual report is true and officer or director of the corporation of the c other like empowered.

SIGNATURE:

to raed NING OFFICER OR DIRECTOR

Daytime Phone #