

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022039 (0)

1. Corporation Name

BLASTER MASTER, INC.



Principal Place of Business

9130 WILES ROAD
SUITE S-140
CORAL SPRINGS FL 33067

Mailing Address

9130 WILES ROAD
SUITE S-140
CORAL SPRINGS FL 33067

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 109 PRIMROSE LANE

City & State

23 LONG KEY FL

Zip

24 33001

Country

25 MONROE

2a. Mailing Address

26

Suite, Apt. #, etc.

27 PO BOX 722

City & State

28 LONG KEY, FL

Zip

29 33001

Country

30 MONROE

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

05/22/1995

4. FEI Number

65-0403859

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

9. Name and Address of Current Registered Agent

HILDRETH, DANIEL J
9130 WILES ROAD
SUITE S-140
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

Hildreth DANIEL J.

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

109 PRIMROSE LANE

83

P-722

84 City

LONG KEY

FL

85 Zip Code

33001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PVST

NAME

HILDRETH, DANIEL JOSEPH

STREET ADDRESS

9130 WILES ROAD #S-140

CITY - ST - ZIP

CORAL SPRINGS FL 33067

☒ DELETE

TITLE

D

NAME

HILDRETH, DANIEL JOSEPH

STREET ADDRESS

9130 WILES ROAD #S-140

CITY - ST - ZIP

CORAL SPRINGS FL 33067

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PVST

1.2 NAME

HILDRETH, DANIEL JOSEPH

1.3 STREET ADDRESS

109 PRIMROSE LANE P-722

1.4 CITY - ST - ZIP

LONG KEY, FL 33001

☒ Change: ☐ Addition

2.1 TITLE

D

2.2 NAME

Hildreth, DANIEL JOSEPH

2.3 STREET ADDRESS

109 PRIMROSE LANE P-722

2.4 CITY - ST - ZIP

LONG KEY, FL 33001

☒ 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

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 an attachment with an address.

SIGNATURE:

Daniel J. Hildreth Sr.

DANIEL J. HILDRETH SR

4/25/96

305-664-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)