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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

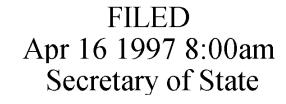
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026611 (2)

BLICE PROPERTY SERVICE, INC.

Principal Place of Business	Mailing Address
8548 LAKE WORTH FL 3467 US	P. O. BOX 3935 BOYNTON BEACH FL 33424-3935 US



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Principal Place of Business	Mailing Address			L ILBULIADA ING TATAK INSIY BANY DONY DONY	I ODITO TIDIO DITIO	H484 H891 H81 H811	
8548 LAKE WORTH FL 3467 US	P. O. BOX 3995 BOYNTON BEACH FL 33424-3995 US						
				 Date Incorporated or Qualified 04/12/1993 	3a. Date of 05/01/1		
2. Principal Place of Business 21 8548 LAKE Pt. Ct.	2a. Mailing Address 26			4. FEI Number 65-0410891		Applied For Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required		
City & State 23 LAKE WORth FL	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip Country 24 33467 25 US	7 p Co	unlry	·	8. This corporation has liability for in Florida Statutes	ntangible tax u	nder s. 199.032,	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
MERKLE, WILLIAM R		81	Name				
777 E. ATLANTIC AVE. STE. 200		82					
DELRAY BEACH FL 33483		83	<u> </u>				
K <u></u>		84			FL 85	·	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga- 	2 and 607.1508, Florida Statutes, the a of Florida. Such change was authorize ations of, Section 607.0505, Florida Sta	above ed by atutes	e-named corporations. the corporations.	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of chan the appointment	ging its registered ant as registered	
SIGNATURE					DATE		
Signature, typod or printed name of registered agent and tite if applicable (NOT: Registered Agent signature req 12. OFFICERS AND DIRECTORS 13.			ui siñ sunte tednie	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

DELETE Change Addition TITLE 1.1 TITLE BUCE, THOMAS E NAME 1.2 NAME STREET ADDRESS 8548 LAKE PT. CT. 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE STD 2.1 TITLE Change Addition NAME BUCE, BEVERLY K 2.2 NAME STREET ADDRESS 8548 LAKE PT. CT. 23 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TOLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 7011.8 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THLE ĉ. NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST- ZIP

4. 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 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.

Thomas E Rune W/7/ar