


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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P93000034209</u> <b>1. Corporation Name</b> <u>FLORIDA BLEU INC</u>			
<b>Principal Place of Business</b> <u>611 NE 2CT</u> <u>WALLANDALE</u> <u>FLORIDA 33009</u>		<b>Mailing Address</b> <u>SAME</u>	
<b>2. Principal Place of Business</b> <b>21</b> <u>611 NE 2CT</u> Suite, Apt. #, etc.	<b>2a. Mailing Address</b> <b>26</b> <u>SAME</u> Suite, Apt. #, etc.	<b>3. Date Incorporated or Qualified</b> <u>04/01/93</u>	<b>3a. Date of Last Report</b> <u>01/05/96</u>
<b>22</b> <u>-</u>	<b>27</b> <u>-</u>	<b>4. FEI Number</b> <u>65-0404885</u>	Applied For <input type="checkbox"/> Not Applicable
<b>23</b> <u>WALLANDALE FLA</u> City & State	<b>28</b> <u>FLA</u> City & State	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> <u>33009</u> Zip	<b>25</b> <u>U.S.A</u> Country	<b>29</b> <u>-</u> Zip	<b>30</b> <u>-</u> Country
<b>9. Name and Address of Current Registered Agent</b> <u>GUY FURLONG</u> <u>1243 BUCHANAN</u> <u>HOLLYWOOD FLA 33019</u>		<b>10. Name and Address of New Registered Agent</b>	
<b>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.</b> <b>SIGNATURE</b> <u>GUY FURLONG</u> <u>President</u> <small>(If other than the principal place of business, give name of registered agent and state of applicable law. NOTE: Registered Agent signature required when reinstating)</small>		<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <u>FL</u> <b>85</b> Zip Code	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <u>PR.</u> <input type="checkbox"/> DELETE <b>NAME</b> <u>GUY FURLONG</u> <b>STREET ADDRESS</b> <u>1243 BUCHANAN</u> <b>CITY-STATE-ZIP</b> <u>HOLLYWOOD FLA 33019</u>	<b>11 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <u>V.P.</u> <input type="checkbox"/> DELETE <b>NAME</b> <u>BRISHAINE LADELLE</u> <b>STREET ADDRESS</b> <u>1243 BUCHANAN</u> <b>CITY-STATE-ZIP</b> <u>HOLLYWOOD FLA 33019</u>	<b>21 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>31 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>41 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>51 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>61 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 is located 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 as an attachment with an address.</b>		<b>9000002145929</b> <b>-04/17/97--01026--010</b> <b>***173.75</b>	
<b>SIGNATURE:</b> <u>Guy Furlong</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/11/97</u> <u>954 456 9628</u> Date Daytime Phone #	

CR2E034 (9/96)