

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

DOCUMENT # P93000034209

1. Corporation Name  
FLORIDA BLUE, INC.

Principal Place of Business  
611 NE 2ND COURT  
HALLANDALE FL 33009

Mailing Address  
611 NE 2ND COURT  
HALLANDALE FL 33009

FILED  
Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90033 041 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>05/05/1993   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0404885   |  |
| 22 City & State   |  | 27 City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |  |
| 23 Zip Country  |  | 28 Zip Country         |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 24  |  | 29                     |  | 30  |  |
| 9. Name and Address of Current Registered Agent   |  |                        |  | 10. Name and Address of New Registered Agent  |  |
| FURLONG, GUY<br>1243 BUCHANAN<br>HOLLYWOOD FL 33019   |  |                        |  | 81 Name   |  |
|   |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |                        |  | 83  |  |
|   |  |                        |  | 84 City FL 85 Zip Code  |  |
| 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   |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE   |  |
| Signature, typed or printed name of registered agent and title if applicable. |  |  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |
| <input type="checkbox"/> DELETE   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 1.1 TITLE   |  |  |  |  |  |
| 1.2 NAME  |  |  |  |  |  |
| 1.3 STREET ADDRESS  |  |  |  |  |  |
| 1.4 CITY-ST-ZIP   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 2.1 TITLE   |  |  |  |  |  |
| 2.2 NAME  |  |  |  |  |  |
| 2.3 STREET ADDRESS  |  |  |  |  |  |
| 2.4 CITY-ST-ZIP   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 3.1 TITLE   |  |  |  |  |  |
| 3.2 NAME  |  |  |  |  |  |
| 3.3 STREET ADDRESS  |  |  |  |  |  |
| 3.4 CITY-ST-ZIP   |  |  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 4.1 TITLE   |  |  |  |  |  |
| 4.2 NAME  |  |  |  |  |  |
| 4.3 STREET ADDRESS  |  |  |  |  |  |
| 4.4 CITY-ST-ZIP   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 5.1 TITLE   |  |  |  |  |  |
| 5.2 NAME  |  |  |  |  |  |
| 5.3 STREET ADDRESS  |  |  |  |  |  |
| 5.4 CITY-ST-ZIP   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 6.1 TITLE   |  |  |  |  |  |
| 6.2 NAME  |  |  |  |  |  |
| 6.3 STREET ADDRESS  |  |  |  |  |  |
| 6.4 CITY-ST-ZIP   |  |  |  |  |  |

14. I 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, with all other like empowered.

SIGNATURE: Guy Furlong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99 9341509628  
Date Daytime Phone #

CR2E034 (11/98)