

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000035197 (1)**

1. Corporation Name
BLUE LAKE CIRCLE CORP.



Principal Place of Business
**24123 PEACHLAND BLVD.
UNIT A-2
PORT CHARLOTTE FL 33954**

Mailing Address
**24123 PEACHLAND BLVD.
UNIT A-2
PORT CHARLOTTE FL 33954**

2. Principal Place of Business

21 Sube, Apt., #, etc.
22 City & State
23 Zip Country
24 Zip 25 Country

2a. Mailing Address

26 Sube, Apt., #, etc.
27 City & State
28 Zip Country
29 Zip 30 Country

3. Date Incorporated or Qualified **05/14/1993**

3a. Date of Last Report **03/21/1995**

4. FEI Number **65-0410319** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P
% BATSEL MCKINLEY ITTERSAGEN & GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(3), 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 approved 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 607.09(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, HERVE T	17 NAME	
STREET ADDRESS	1520 BLUE LAKE CIR.	18 STREET ADDRESS	
CITY-STATE-ZIP	PUNTA GORDA FL 33983	19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	20 TITLE	
NAME	MARABELLA, JAMES	21 NAME	
STREET ADDRESS	26097 TEMPLAR LANE	22 STREET ADDRESS	
CITY-STATE-ZIP	PUNTA GORDA FL 33983	23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	24 TITLE	
NAME		25 NAME	
STREET ADDRESS		26 STREET ADDRESS	
CITY-STATE-ZIP		27 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	28 TITLE	
NAME		29 NAME	
STREET ADDRESS		30 STREET ADDRESS	
CITY-STATE-ZIP		31 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 TITLE	
NAME		33 NAME	
STREET ADDRESS		34 STREET ADDRESS	
CITY-STATE-ZIP		35 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	36 TITLE	
NAME		37 NAME	
STREET ADDRESS		38 STREET ADDRESS	
CITY-STATE-ZIP		39 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	40 TITLE	
NAME		41 NAME	
STREET ADDRESS		42 STREET ADDRESS	
CITY-STATE-ZIP		43 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within this filing is voluntary, furnished, furnished and does not qualify for the exemption stated in Section 119.07(2)(g), 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 lessor or trustee of a trust and I am submitting 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 affidavit.

SIGNATURE: *Herve T. Demers Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 764-8000

CR2E034 (12/95)