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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040011 (7)

FILED Feb 12 1998 8:00am Secretary of State

	C. VAN BLAKEMAN, INC.				
	rincipal Place of Business	Mailing Address			
621 HAMPTON ROAD W. Palm Beach Fl 33405		621 HAMPTON ROAD W. PALM BEACH FL 3	22405		
,	W. PALM BEAUTI PL 33903	W. FALM BEAUTITE 3	13403	DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualified	
				05/28/1993	
2.	. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21]	26		65-0428967	Not Applicable
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· , · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
	Zip Country	Zιp	Country	8. This corporation owes or has paid	
24		29	30	Personal Property Tax due June 3	
	g, Name and Address of Cu	men uafiziera Võeur	81 Name	10. Name and Address of New Reg	statad Whout
	BLAKEMAN, C V				
	621 HAMPTON ROAD W. PALM BEACH FL 33405		82 Street Add	ess (P.O. Box Number is Not Acceptable)
	W. PALM BEACH PL 33900		83		
			63		i
			84 City		FL 85 Zip Code
	4. Presugat to the peruisions of Sections 607	DLGQ and CO7 1509, Darida Sta	tutos the shows named corr	poration submits this statement for the nu	1 1 .
יוד	 Pursuant to the provisions of Sections 607, office or registered agent, or both, in the S 	state of Horida, Such change wa	is authorized by the corporal	tion's board of directors. I hereby accept	the appointment as registered
	agent. Lam familiar with, and accept the of	bligations of, Section 607.0505,	Florida Statutes.		
SI	IGNATURE Signature typed or printed name of registerer				
			OTC Desistated Amost sinceture too to	and sufficient professionals	DATE:
44			OTE Registered Agent signature requirements		DATE DS AND DIRECTORS IN 12
12	2. OFFICERS	AND DIRI CTORS	OTE Registered Agent signature requirements 13. 1.1 Title	ed when reinstaling) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
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Inference certify that the imbornation supplied with this iming does not qualify to the exciption state in 19.07(3)(). Portical statutes, 10 triple certify that the information indicated on this annual report or suppliemental annual report is true and accurate an 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 executohis 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:

X C. Van Bla

X 1-22-98

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