

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90244 004 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000050474**

1. Corporation Name  
**BLAZE CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~153 E. PALMETTO PARK ROAD~~  
~~#177~~  
~~BOCA RATON FL 33432~~  
~~US~~

Mailing Address  
~~153 E. PALMETTO PARK ROAD~~  
~~#177~~  
~~BOCA RATON FL 33432~~  
~~US~~

3. Date Incorporated or Qualified  
**07/19/1993**

2. Principal Place of Business  
 21 **P.O. Box 402702**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **P.O. Box 402702**  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0421253**

Applied For  
 Not Applicable

22  
 City & State  
 23 **Miami Beach, FL**

27  
 City & State  
 28 **Miami Beach, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 **33140-0702** 25 **USA**

29 **33140-0702** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCRIVER, CONSTANCE M.  
 153 E. PALMETTO PARK RD.  
 SUITE #177  
 BOCA RATON FL 33432~~

81 Name **DeLeon, Kirk D. Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **17 NW 2nd Street**  
 83 **Suite 218**  
 84 City **Miami** FL 85 Zip Code **33128**

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/99**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIVER, CONSTANCE	1.2 NAME	
STREET ADDRESS	<del>C/O 4525 COLLINS AVE.</del>	1.3 STREET ADDRESS	<b>4925 Collins Avenue, Suite 12E</b>
CITY-ST-ZIP	<del>MIAMI BEACH FL 33140</del>	1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIVER, CONSTANCE	2.2 NAME	
STREET ADDRESS	<del>C/O 4525 COLLINS AVE.</del>	2.3 STREET ADDRESS	<b>4925 Collins Avenue, Suite 12E</b>
CITY-ST-ZIP	<del>MIAMI BEACH FL 33140</del>	2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Constance Scriver / April 25, 1999 / 305-531-5885  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/99)