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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P93000073378 (0)

BUSINESS BLOCKS, INC.

Principal Place of Business Mailing Address 9546 N. CITRUS SPR. BLVD. 9546 N. CITURS SPRINGS BLVD CITRUS SPRINGS FL 34434 CITRUS SPRINGS FL 34434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3210770 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CEPARANO, JOHN 9546 N. CITRUS SPRINGS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CITRUS SPRINGS FL 34434 63 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE CEPARANO, JOHN NAME 12 NAME CR2E034 9546 N. CITRUS SPR. BLVD. STREET ADDRESS 1.3 STREET ADDRESS CITRUS SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME CEPARANO, MARY ANN 2.2 NAME STREET ADDRESS 9546 N. CITRUS SPRINGS BLVD 2.3 STREET ADDRESS CITRUS SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE THAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZW TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-St-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Opparano (1) STOHN CEPARANO

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 eath; 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 12 the property of the receiver of 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 12 the property of the receiver of 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 12 the property of the receiver o 165-4600

FILED May 07 1998 8:00am Secretary of State