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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P93000073378**

1. Corporation Name
BUSINESS BLOCKS, INC.

Principal Place of Business	Mailing Address
9546 N. CITRUS SPR. BLVD. CITRUS SPRINGS FL 34434 US	9546 N. CITURS SPRINGS BLVD CITRUS SPRINGS FL 34434 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993

2. Principal Place of Business	2a. Mailing Address
21 7601 N. FLORIDA AVE.	26 7601 N. FLORIDA AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CITRUS SPRINGS, FL	28 CITRUS SPRINGS FL
24 Zip 34434 25 Country	29 Zip 34434 30 Country

4. FEI Number: 59-3210770 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CEPARANO, JOHN
9546 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 7601 N. FLORIDA AVE.

83

84 City: CITRUS SPRINGS **FL** 85 Zip Code: 34434

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	CEPARANO, JOHN		1.2 NAME		
STREET ADDRESS	9546 N. CITRUS SPR. BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CEPARANO, MARY ANN		2.2 NAME		
STREET ADDRESS	9546 N. CITRUS SPRINGS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: (X) Joel J Ceparano 2/22/99 (352) 465-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #