

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077878 (5)

1. Corporation Name

NEW PORT RICHEY FLORIDA BLIMPEX CORP.



Principal Place of Business

Mailing Address

% UNITED CORPORATE SERVICES INC
801 NE 167TH ST SUITE 300
NORTH MIAMI BEACH FL 33162

P. O. BOX 888305
DUNWOODY GA 30356-0305
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/10/1993

05/01/1995

4. FEI Number

Applied For

58-2080662

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

UNITED CORPORATE SERVICES INC
801 NE 167TH ST
SUITE 300
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 or the corporation)

DATE Registered Agent Signature (typed or printed name of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BARR, RAY A	
STREET ADDRESS	10 BANK ST	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	D	☐ DELETE
NAME	SKUBICKI, MARK	
STREET ADDRESS	10 BANK ST	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	P	☐ DELETE
NAME	POMPEO, PATRICK	
STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	☐ DELETE
NAME	LEANESS, CHARLES	
STREET ADDRESS	740 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TV	☐ DELETE
NAME	SITKOFF, ROBERT	
STREET ADDRESS	1775 THE EXCHANGE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

300001877623
-06/27/96--01024-026
***208.75

05-01-96 OR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

770-618-8480

Daytime Phone

CR2E034 (12/95)