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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90062 022 \*\*\*150.00

DOCUMENT #	P93000078546
1 Corporation Name	1 00000010010

BLUE SI	(Y VENTURES, INC.								
Principal Place	e of Business	Mailing Address					<b>i ab</b> iik <b>ba</b> kki <b>ba</b> kki	(440) (DIST BINE D	KI <b>din d</b> eli k <b>e</b> di
10 E BAYOU FORES	D E BAYOU FOREST DR AYOU FOREST DR. BAYOU FOREST DR. REEPORT FL 32439 BAYOU FOREST DR. FREEPORT FL 32439			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
2 Principal P	lace of Business	2a. Mailing Address				11/12/1993 4. FEI Number		— Apr	plied For
21	26					59-3209667			t Applicable
Suite, Apt.							\$8.75 A		
22	27					5. Certificate of Status Desired		Fee Rec	quired
	City & State City & State					6. Election Campaign Financir	'9 🗆	\$5.00	May Be
23	28					Trust Fund Contribution		Added to	o Fees
Zip	CountryZipC			y		8. This corporation owes the o	urrent year In		
24	25	25 29 30				Personal Property Tax.	<b>5</b>		□No
	9. Name and Address of Current	Registered Agent	81	l Na		10. Name and Address of Ne	w Registered	Agent	
FOL	TA BETHANY		*'	I IVA	ile:				
	BAYOU FOREST DR		82	Str	et Addre	dress (P.O. Box Number is Not Acceptable)			
	OU FOREST DR		83						
	EPORT FL 32439		0.	1					
PREEFORT PL 32403			84	City	/		FL	85 Zip C	ode
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flori	thorized by da Statute:	the c	orporation	's board of directors. I hereby ac	cept the appo	intment as reg	jistered
	Signature, typed or printed name of registered agent			ant signa	ture required v	when reinstating) ADDITIONS/CHANGES TO	DATE	UD DIDECTO	DS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		<del>-</del> 7	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	FOLTA, BETHANY RT 2, BOX 2B BAYOU FOREST DR.			1.1 TITLE					
NAME			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS					=35				
CITY-ST-ZIP	FREEPORT FL 32439	☐ DELETE	1.4 CITY-5	S1-2IP				Change	Addition
TITLE		C Perre	2.2 NAME					_ •	_
NAME			2.3 STREE						]
STREET ADDRESS			1						\
CITY-ST-ZIP TITLE			-	2. 4 CITY-ST-ZIP 3.1 TITLE				Change	☐ Addition
NAME .	~	_ =: :	3.2 NAME		-		~ . <del>-</del>	_	
STREET ADDRESS			3.3 STREE		ESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	1				
TITLE				4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDR	ESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDR	ESS				
C/TY-ST-ZIP			5.4 CITY-1	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	et addr	ESS				

6.4 CITY-ST-Z/P 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:**