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

FILED **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 99 SEP 20 AM 11:01 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 SECRETARY OF STATE ALLIANDSEE: PLONIDA DOCUMENT # PAYWOOQSUT Corporation Name BLUE TEAL CORP. Primare Clausiness Mailing Address P.O. Box 980 Windermere, FL 34786-0980 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 1-12-94 2a. Mailing Address 4. FEI Number Applied For 2 Pair gold Pake of Business 21: 8617 Vista Point Cove Not Applicable 8617 Vista Point Cove 59-3218113 Side Apt #, esc Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Orlando, FL Orlando, FL Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 30 **Ŋ**No 32836 25 32836 Personal Property Tax. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name W. Scott Callahan 82 Street Address (P.O. Box Number is Not Acceptable) 37 N. Orange Avenue, Suite 200 Orlando, FL 32801 83 84 City 85 Zip Code 11. Person into 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 of the 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE are typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1 1 TITLE Director 1.2 NAME Christine K. Clark 300002996863----09/24/93--01088--004 1.3 STREET ADORESS 73 N. Bounty Lane Key Largo, FL 33037 1.4 CrTY-ST-ZIP DELETE ****550.00 ****550766 21 TITLE Director 2.2 NAME David W. Schwarz 23 STREET ADDRESS 8617 Vista Point Cove 2 4 CITY-ST-ZIP Orlando, FL-32836 [] DELETE ☐ Change ☐ Addition 31 TITLE President 3.2 NAME David W. Schwarz 3.3 STREET ADDRESS 8617 Vista Point Cove 3.4 CITY-ST-ZIP Orlando, FL 32836 [] DELETE ☐ Change ☐ Addition 4.1 TITLE 4.2 NAME

64 CITY-ST-ZIP

If why, only that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is upplied with the informati

52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE: David W. Schwarz

DELETE

[] DELETE

9-16-99

(407) 256-6060

☐ Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)