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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000016577 (6)
1. Corporation Name

THE BLUE LOTUS CORP.

| Principal Place of Business Mailing Address | | | | | | t and tandi een anear diser natur domi | 48 111 83181 1 | 1940 01101 9111 | / |
|---|--|--|--------------|--------|---|---|--------------------------|----------------------------------|-------------------------------------|
| 7213 ALAFIA RIVERVIEW FL | | 7213 ALAFIA RIDGE RE RIVERVIEW FL 33569 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 02/22/1994 | 1 | ite of Last F)4/04/19 | |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | | | |
| 21 | | 26 | | | | 59-3226303 | | 60.7 | Not Applicable |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | 5. Certif-cate of Status Desired | | | 5 Additional Required |
| City & State | | City & State | | | 6. Flection Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 | Country | 28 | Cou | est o | | This corporation has liability for | | | |
| Zip 24] | Country 25 | <u>Ζ</u> φ 29 | 30 | FILIY | | | II No. | tax under a | 3 199.032, |
| 24 | 9. Name and Address of Curre | | 30 | 1 | | 10. Name and Address of New F | | d Agent | |
| | | | | 81 | Name | | .5 | | |
| | ONE, AUGUST G | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| | afia ridge rd Ew Fl 33569 | | | 83 | | | | | |
| DIACUAIS | M LF 22209 | | | | | | | | |
| | | | | 84 | City | | F | L 85 2 | Zip Code |
| or register | o the provisions of Sections 607.050: ed agent, or both, in the State of Flor th, and accept the obligations of, Sec | ida. Such change was authoriz | red by the r | ove r | named corpor oration's boa | ration submits this statement for the purify rd of directors. Thereby accept the app | rpose of a ointment : | hanging its as registere | registered office id agent. I am |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered age: | | | J Ager | rt signarum require | d where resistatings ADDITIONS/CHANGES TO OFF | DATE TOEDS AN | ID DIDECT | ODE IN 12 |
| 12. | PD OFFICERS AN | ND DIRECTORS | 13. | 3 1111 | | ADDITIONS/CHANGES TO OFF | ICENS AI | Change | |
| | JANNARONE, AUGUST G | _ batter | 1.2 N | | | | | onlarige | |
| NAME | 7213 ALAFIA RIDGE RD | | | | L MDDOCKIC | | | | |
| STREET ADDRESS | RIVERVIEW FL 33569 | | | | ADDRESS | | | | |
| TITLE | STD | DELETE | 2 1 1 | | ST - 71P | | | Change | Addition |
| NAME | JANNARONE, PRANOM | | 2 2 N | | | | | | |
| STREET ADDRESS | 7213 ALAFIA RIDGE RD | | | | ADDRESS | | | | |
| | RIVERVIEW FL 33569 | | | | ST- ZIP | | | | |
| CHTY - ST - ZIP TITLE | THE THE GOODS | DELFTE | 3 1 1 | | 21-21 | | | Change | Addition |
| NAME | | Ell second | 3 2 N | | ĺ | | | | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | - 1 | | ST - ZIP | | | | |
| TITLE | | DELETE | 4. 1 1 | | 51 211 | | | Change | Addition |
| NAME | | | 4.2 N | IAME | | | | - | |
| STREET ADDRESS | | | 435 | TREET | F ADORESS | | | | |
| | | | | | SI - ZIP | | | | |
| CHY-ST-ZIP TITLE | | ☐ DELETE | 5 1 | | | | | ☐ Change | e Addition |
| NAME | | - | 5 2 N | | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | | | | | ST · ZIP | | | | |
| TITLE | | DELFIE. | 6.1 | | | | | Change | Addition |
| NAME | | _ | 62 N | IAME | | | | | |
| STREET ADDRESS | | | | | : ADDRESS | | | | |
| 0/7/ 67 7/6 | | | 646 | | CT 71D | | | | |

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Opr 15, 1986 (813)677-9498

3R2E034 (12/95)