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

DOCUMENT # P94000016577

1. Corporation Name

THE BLUE LOTUS CORP.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90028 046 ***150.00



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Principal Place of Business Mailing Address							i feriferi un ibiti dirii arii erii erii erii erii erii erii	LEE LOOK LAAK	
7213 ALAFIA RIDGE RD		7213 ALAFIA RIDGE RD							
RIVERVIEW FL 33569 RIVERVIEW FL 33569			_						
1						Ļ	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
	·						02/22/1994		
⊢ ~	lace of Business	2a. Mailing Addre	ess		÷ · =		L-1	ed For	
21	W	26	Suite, Apt. #, etc.				59-3226303 Not /	Applicable	
Suite, Apt.	#, etc.		etc.				5. Certificate of Status Desired Fee Requirements		
City & Stat	lo.	City & State							
23		28	¬ '			1	6. Election Campaign Financing Trust Fund Contribution \$5.00 M Added to		
Zip	Country	Zip		ountry	,		This corporation owes the current year Intangible		
24	25	29	30				Personal Property Tax.		
24	9. Name and Address of Curren			\neg			10. Name and Address of New Registered Agent		
				81	Name				
JAN	NARONE, AUGUST G			-	Chanat	Address	- (D.O. Boy Alumbar in Not Acceptable)		
7213 ALAFIA RIDGE RD				82	2 Street Address (P.O. Box Number is Not Acceptable)			[
RIVE	ERVIEW FL 33569			83	<u> </u>				
				_			Op 75- Op		
				84	City		FL 85 Zip Co	ae	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes, the	abov	e-named	corporat	tion submits this statement for the purpose of changing its re-	gistered	
l office or i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such chang	re was authoriz	ed by	the corp	oration's	s board of directors. I hereby accept the appointment as regis	stered	
_	in tartina with and accept the conga	HOTE DI, OCCION COT .C		010100	•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registe	red Ager	nt signature i	required who	nen reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PD	□ Di	LETE 1.1	TITLE			Change	☐ Addition	
NAME	JANNARONE, AUGUST G		1.2	NAME		ļ		Ĭ	
STREET ADDRESS			1.3	STREE	T ADDRESS	;[J	
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4	CITY-S	T-ZIP				
TITLE	STD	☐ DE	LETE 2.1	ΠŒ			☐ Change	Addition	
NAME	JANNARONE, PRANOM	i en la la compa	2.2	NAME			المعاريق أجراك المحروس إلام الداليسه لعالل	į	
STREET ADDRESS			2.3	STREE	TADDRESS	3			
CITY-ST-ZIP	RIVERVIEW FL 33569			4 CMY-S	ST-ZIP				
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NAME	. '		3.2	NAME				ĺ	
STREET ADDRESS			3.3	STREE	T ADDRESS	<u> </u>	• .	ł	
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TITLE	1	∐ Di		TITLE			☐ Change	Addition	
NAME			4.1	2 NAME			•		
STREET ADDRESS				•	T ADDRESS	3		ŧ	
CITY-ST-ZIP				CITY-S	T-ZIP	<u></u>		- Addition	
TITLE		□ 08		TITLE		1	☐ Change	☐ Addition	
NAME	[NAME	o o o o o o		· . ,	ļ	
STREET ADDRESS	· -				T ADDRESS	'		j	
CITY-ST-ZIP				CITY-S	I-ZIP	1		i	
TITLE			1 6 7 6	TITE C		1	Flohara	Addition	
		D6		TITLE			☐ Change	Addition	
NAME		· DE	63	NAME			☐ Change	Addition	
NAME STREET ADDRESS			6.3 6.3	NAME	T ADDRESS		☐ Change	Addition	

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: