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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400017380 (4)

BLUE FIN, INC.

Principal Place of Business

Mailing Address
P.O. BOX 206

FILED Feb 09 1998 8:00am Secretary of State

E. 2ND STRET P.O. BOX 206 KEY LARGO FL 33037 US REY LARGO FL 33037								DO NOT WRITE IN TH	IS SPACE		
								3. Date Incorporated or Qualified 02/28/1994			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Applied For	
21				26				59-1644303		Not Applicable	
Suite, Apt.	#, etc.	Sı	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	Additional Required		
City & State				City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23			28	28				Trust Fund Contribution		d to Fees	
Zip	Country			Zip Country				8. This corporation owes or has paid the			
24	25 29 30					Personal Property Tax due June 30. X Yes No					
9. Name and Address of Current Registered Agent						_		10. Name and Address of New Registers			
WALL, RANDOLPH D							81 Name				
1208 CACTUS ST.					82 Street Addre			ess (P.O. Box Number is Not Acceptable)			
KEY LARGO FL 33037					8:	83					
Į					<u> </u>	4	0''		1.2-1 -		
					(4	City	F		p Code	
11. Pursuant to 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 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										g its registered as registered	
SIGNATURE	Signature, typed or	printed name of registered	agent and title if an	plicable fNOT	E. Registered A	aeni	t signature require	ed when reinstating) DATE		- -	
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
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NAME	WALL, RA	NDOLPH D		-	1.2 NAME					_ [:	
STREET ADDRESS	4000 CACTUO OT						ADDRESS				
CITY-ST-ZIP	VEV LARGO EI									16	
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NAME					6.2 NAME	:	ŀ				
STREET ADDRESS					6 3 STREE		DDRESS			İ	
CITY-ST-ZIP					6.4 CITY-						
	artifu that the i	nformation symplies	with this filing	does not qualify for				Section 119 07(3)(7) Florida Statutes I further	certify that ti	he 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.

SIGNATURE:

SIGN / ORS RECUIFED
UNE AND TYPED OR PRINTED MAME OPSIGNING OFFICER OR DIRECTOR

2-3-98

305-852-276

time Phone # 0143821