

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000023984 (5)**

1. Corporation Name

BLUE BOLT CORPORATION



Principal Place of Business

**5109 CLEVELAND STREET
HOLLYWOOD FL 33021**

Mailing Address

**5109 CLEVELAND STREET
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**SEEBERG, JOHN
5109 CLEVELAND STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
09/29/1995

4. FEI Number
650485872 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip 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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date available

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1111 TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **SEEBERG, JOHN**
CITY-ST-ZIP **5109 CLEVELAND STREET**
HOLLYWOOD FL 33021
1111 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 TITLE ☐ Change ☒ Addition
NAME **JOSEPH D. WARREN (Sec.)**
STREET ADDRESS **1726 ROOSEVELT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**
2111 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
3111 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4111 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
5111 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
6111 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Seeburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 **(305) 920-6152**
Date Daytime Phone #

CR2E034 (12/95)