

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90092 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000023984 1. Corporation Name BLUE BOLT CORPORATION			
Principal Place of Business 5109 CLEVELAND STREET HOLLYWOOD FL 33021		Mailing Address 5109 CLEVELAND STREET HOLLYWOOD FL 33021	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1340 Stirling Rd. Suite, Apt. #, etc. 22 Suite 1A&B City & State 23 Dania FL Zip Country 24 33004 25 USA		2a. Mailing Address 26 1340 Stirling Rd. Suite, Apt. #, etc. 27 Suite 1A&B City & State 28 Dania FL Zip Country 29 33004 30 USA	
3. Date Incorporated or Qualified 03/29/1994		4. FEI Number 65-0485872	
5. Certificate of Status Desired ☐		Applied For ☐ No Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent SEEBERG, JOHN 5109 CLEVELAND STREET HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name Warren, Joseph 82 Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 7th St. 83 Dania 84 City FL 85 Zip Code 33004	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)		DATE 5/6/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P&D NAME SEEBERG, JOHN STREET ADDRESS 5109 CLEVELAND STREET CITY-ST-ZIP HOLLYWOOD FL 33021	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME WARREN, JOSEPH D. STREET ADDRESS 1726 ROOSEVELT STREET CITY-ST-ZIP HOLLYWOOD FL	☐ DELETE	2.1 TITLE P&D 2.2 NAME Warren, Joseph D. 2.3 STREET ADDRESS 525 N.W. 7th St. 2.4 CITY-ST-ZIP Dania FL 33004	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (954) 925-1839
 Date Signature Phone #

CR2E034 (1/98)