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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

		-
DOCUMENT #	P94000031751	(8)
BLEN'S LIQUIDATION	N SERVICES, INC.	



290 IRIS ROAD Casselberry FL 32707		290 IRIS ROAD CASSELBERRY FL 32	290 IRIS ROAD CASSELBERRY FL 32707			
					3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 02/15/1995
2. Principal Pla	de of Business	2a. Mailing Address			4. FEI Number 59-3265070	Applied For
21		26			39-3203070	Not Applicable _ \$8.75 Additional
Suite, Apt. #	r, et c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7()	Country	Zφ	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes Yes	
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent
				lame		
	n, Blen f S road		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
	LBERRY FL 32707		83			
			84	City		FL 85 Zip Code
familiär wit Signatuse	h, and accept the obligations of Se	etion 607.0505, Florida Statutes	OTic Buggerered Agent si			DATE
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Change Addition
W.f	D DIEN E	☐ DELETE	1 1 TITLE 12 NAME	1		
NAMÉ	GIBSON, BLEN F 290 IRIS ROAD		1.3 STREET AL	SZAROS		
SUREFT ADDRESS	CASSELBERRY FL 32707		14 City-St-			
Crity - S1 - Zir T-ILE	O/IOOLODE(III)	DELETE	2 1 TITLE			Change Addition
NAM ⁶			2.2 NAME			
STREET ADDRESS			2 3 STREET AL	DRESS		
Coffy-St ZiP		F DC 175	2.4 CITY - \$1 -	719		Change Addition
*ilité		☐ DELETE	3 1 TITLE 3 2 NAME			
NAME			3.3 STREET A	DOBESS		
STREET ADDRESS. CHY. ST-7 P			3.4 CITY - ST	1		
Title		DELETE	4 1 YITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STHEET A	DORESS		
CITA-81 206			4 4 CITY - ST	ZIP		Change Addition
1 TuE		☐ D£LETE	5 1 TITLE	1		La Grid ige La Magnituri
NAME:			5.2 NAME 5.3 STREET A	nnesss		
STREET ADORESS			5.4 City - ST-			
CHIY-ST-ZIP		DELETE	& 1 THILE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 SEREET A	DORESS		
City-ST ZiP			6.4 CITY-SI	ZIE		

14. It 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), Fiorida 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 certify that I am an officer or director of the constration 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 extractionant with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Place II

District Place