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

l .	MENT # P940(HOO BLUES, INC.	00032673 (3	3)	
Principal Place	e of Business	Mailing Address		
191 GARDE	MA ST.	P O BOX 374		
TAVERNIER		TAVERNIER FL 33070)	DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualified
				04/22/1994
_	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0504935 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27}			5. Certificate of Status Desired See Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	o, This corporation once of has paid the dailyon year what apple
24	25 Same and Address of Curre	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ii negistereo Agent	81	Name
	MITH, KENNETH H 0290 Overseas Hwy.			
_	AVERNIER FL 33070		62 8	Street Address (P.O. Box Number is Not Acceptable)
"	MARINICH I C 00010		83	
			84 (City 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Stalle of Florida Such change was	utes, the above-n s authorized by th	e-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, f	Florida Statutes.	3.
SIGNATURE	Signature, typed or pointed name of registered ag	ent and trie if applicable (NO	OTE Registered Agent s	ent signature required when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CLARK		1.2 NAME	
STREET ADDRESS	191 GARDENIA ST. TAVERNIER FL 33070		1.3 STREET ADI	
CITY-ST-ZIP TITLE	IMPERIMEN PL 330/0	DELETE	1.4 CITY-ST-Z 2.1 TITLE	T-ZIP Change Addition
NAME		(2.2 NAME	- Company
STREET ADDRESS			2.3 STREET AD	ADDRESS
CITY-ST-ZIP			2. 4 CITY - ST - 1	37-ZIP
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET AD	
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-7	G1-ZIP Change Addition
TITLE Name		beece	4.1 INTEC	Citatific C Madition
STREET ADDRESS			4.3 STREET ADI	ADDRESS
CITY-ST-ZIP			4.4 CfTY - ST - Z	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADI	ADDRESS
CITY-ST-ZIP			5.4 CITY - ST - Z	
TITLE	٠	☐ DELETE	61 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS	<u>'</u>		63 STREET ADI	

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 supplied enter the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an address.

OLONIATURE.

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FILED

May 01 1998 8:00am

Secretary of State