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 #

P94000032674 (1)

BLUEHOO, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I HOULIURA TAU IRANI OHDIN BONIN BORIN ORAH	A MOTOR INTO JERN OTOT I		
155 IROQUOIS ST. TAVERNIER FL 33070			P.O. BOX 374 TAVERNIER FL 33070				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							04/22/1994			
_	Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21	26						65-0504937		t Applicable	
22	27			uite, Apt. #, etc.			5. Certificate of Status Desired Security Securi			
	g '			City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added t	o Fees	
_	Zip	Country	Zip	⊢ —	untry	<i>'</i>	8. This corporation owes or has paid the			
24		25 29 30 Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No					
						81 Name				
SMITH, KENNETH H 90290 OVERSEAS HWY. TAVERNIER FL 33070					L					
					82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	•	AVENNICH FL 330/U			83					
						<u> </u>				
					84	City		FL 85 Zip C	Code	
11	Pursuant	to the provisions of Sections 607.6	0502 and 607.1508, Flori	da Stalutes, the a	bov	e-named corp	poration submits this statement for the purp	pose of changing its	s registered	
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regards. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered	
·										
510	GNATURE	Signature, typed or printed name of registered	agont and the if applicable	(NOTE: Register	ed Age	ent signature requi	red when reinstating)	DATE		
12		OF LICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE		D	JONES, DONALD 12 N		IJŢĹ€			Change	☐ Addition	
NAME					NAME					
STREET ADDRESS		P.O. BOX 374 N/A TAVERNIER FL 33070		1.3 !	STREET	ADDRESS				
CITY-ST-ZIP						T-ZIP				
TITLE			DELETE		TITLE			☐ Change	Addition	
NAME					NAME	}			}	
STREET ADDRESS						ADDRESS	•			
CITY-ST-ZIP			Пр			ST-ZIP		Change	Addition	
TITLE			L 1/					Change		
NAME Street address					IAME STREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITE		•	□ D			01-24		Change	Addition	
NAM			_		NAME					
STREET ADDRESS						ADDRESS			1	
CITY-ST-ZIP						T-ZIP				
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NAME				5.21	IAME					
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CITY-ST-ZIP					HY-S	l l			}	
TITLE			□ DI					Change	Addition	
NAM	IE	;		6.2 1	AME					
	EET ADDRESS	1				ADDRESS	•			
	- ST - 7(P	i .				T. 7IP				

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 13 if changed, or on an attachment with an address.

4/22/98