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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000036920 (4)

1. Corporation Name
BLUE FOREST SERVICES, INC.



Principal Place of Business Mailing Address
6875 ACKERMAN AVE
COCOA FL 32927 6875 ACKERMAN AVE
COCOA FL 32927-3605

3. Date Incorporated or Qualified 05/12/1994 3a. Date of Last Report 04/30/1996
4. FEI Number 59-3251134 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

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
WEDEL, TIMOTHY
6875 ACKERMAN AVE
COCOA FL 32927

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 OF REGISTERED AGENT AND TITLE (Type name of registered agent and title applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME WIEDORFER, GARY
STREET ADDRESS 6875 ACKERMAN AVE
CITY-ST-ZIP COCOA FL 32927
TITLE SD DELETE
NAME WEDEL, TIMOTHY
STREET ADDRESS 1375 HOLIDAY BLVD
CITY-ST-ZIP MERRITT ISLAND FL 32952
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do 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

SIGNATURE: Timothy Wedel Timothy Wedel 3-22-97 634-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)