


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000056463 (0)**

1. Corporation Name

**BLUE CHIP BROKERAGE, INC.**



Principal Place of Business <b>3690 TERRAPIN LANE # 401 CORAL SPRINGS FL 33067 US</b>	Mailing Address <b>3690 TERRAPIN LANE # 401 CORAL SPRINGS FL 33067 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2769 Irma Lake Dr.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2769 Irma Lake Dr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/29/1994</b>	
22 <b>West Palm Beach, FL.</b> City & State		27 <b>West Palm Beach, FL.</b> City & State		4. FEI Number <b>65-0513970</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 <b>33411</b> Zip		28 <b>33411</b> Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>Palm Beach</b> Country		29 <b>Palm Beach</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>FL</b> State		30 <b>FL</b> State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIEDMAN, MARC  
4188 NW 65TH AVE  
CORAL SPRINGS FL 33067**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDON, EDMOND J</b>	1.2 NAME	<b>HUDON, Edmond J.</b>
STREET ADDRESS	<b>3690 TERRAPIN LANE</b>	1.3 STREET ADDRESS	<b>2769 Irma Lake Dr.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL. 33411</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDON, DOROTHY</b>	2.2 NAME	<b>HUDON, DOROTHY</b>
STREET ADDRESS	<b>3690 TERRAPIN LANE</b>	2.3 STREET ADDRESS	<b>2769 Irma Lake Dr.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL. 33411</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

*Sandra B. Mortham*

1-16-98 411-483-9196

CR2E034 (10/97)