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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000093394 (2)

DOCUMENT #

1. Corporation Name

BLAIR INVESTMENT PROI	PERHES, INC.
Principal Place of Business	Maling Address
1144 PALM COVE DRIVE ORLANDO FL 32835	1144 PALM COVE DRIVE ORLANDO FL 32835

	OVE DRIVE 32835	1144 PALM COVE ORLANDO FL 3283		3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 05/01/1995
Principal Place	e of Business	2a. Maling Address		4. FEI Number 59-3282600	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City 8 State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation has liability for i	
<u> </u>	[25]	29 Agent	30	10. Name and Address of New R	
	9. Name and Address of Cur	Tent Hegistered Agent	81 Name	10.	
	ILM COVE DRIVE		82 Street A	Address (P.O. Box Number is Not Acceptat	ole)
UNLANI	OO FL 32835		84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	the provisions of Sections 607.0 d agent, or both, in the State of Fa, and accept the obligations of Sayrama, types or professions of Sayrama, types or professions.	epertain the tappoints	ry di Paysina Ayr Signaturch	board of directors 1 hereby accept the app	DATE CICERS AND DIRECTORS IN 12
2.		AND DIRECTORS	13	ADDITIONS/CHANGES TO OFF	Charige Addition
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14. For hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(k), Fordid Statutes 1 brind certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report 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 chapter 6, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR BUNTED NAME OF SIGNING OFFICER OR DIRECTOR