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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093394 (2)

BLAIR INVESTMENT PROPERTIES, INC.

BUNIN INVESTMENT PROFERITES, INC.				
Principal Place of Business	Mailing Address	1 REBENDUR AND NORMAL EMERA DUNIN BUNIN	88419 <b>19</b> 188 11198 11118 18111 6191 1891	
1144 PALM COVE DRIVE ORLANDO FL 32835	1144 PALM COVE DRIVE ORLANDO FL 32835-8044			
		3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 06/21/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F	
21 825 Courtland St.	26 825 Courtland St.	59-3282600	Not Applie	

Suite, Apt. #, etc.

City & State

32804 Orlando, FL Orlando, 32804 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032. Yes 24 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLAIR, BOBBY 1144 PALM COVE DRIVE 82 Street Address (F.O. Box Number is Not Acceptable) **ORLANDO FL 32835** 83

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 whon roinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12				
TITLE	D DEL	.ETE	1.1 TO LE		Change	Addition				
NAME	BLAIR, BOBBY		1.2 NAME							
STREET ADDRESS	1144 PALM COVE DRIVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32835		1.4 C(1Y-S1-Z)P							
TITLE	DEL DEL	.ETE	2.1 1(1)LE		☐ Change	Addition				
NAME:		1	2.2 NAME			Ì				
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY - ST - ZIP							
TITLE	☐ DEL	.FTE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME			İ				
STREET ADDRESS			3.3 STREET ADDRESS			1				
CITY-ST-ZIP			3.4. C(1Y+S1+ZIP							
TITLE	DEL	.ETE	4.1 TITLE		☐ Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS		l	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY - \$T - ZIP							
TITLE	☐ DEI	FTE	5.1 TOLE		☐ Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE	☐ D£L	.ETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY_CT_7ID			6 A DITY - ST - 7/P							

14. To 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 eath; 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 Ricch 12 or Ricch 13 if George I and I and I are preferred.

(Bobby)

**FILED** 

May 09 1997 8:00am

Secretary of State

5. Certificate of Status Desired

6. Election Campaign Financing

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Zip Code

402-144-4111