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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

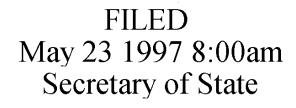
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000010291 (9)

BLAKEMORE, INC.





Principal Place of Business Mailing Address						1 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10	YANDI NIBIL ABN	10 14910 FOLD	// ((() () ()
612 BELLE CHASE TAMPA FL 33634		TAMPA FL 33634	612 BELLE CHASE CIRCLE TAMPA FL 33634-6274						
U\$		U\$				3. Date Incorporated or Qualified 02/03/1995		of Last F 3/1996	Teport
2. Principal Place	of Business	2a. Mailing Add	ress	***********		4. FEI Number	4		pplied For
	Braesgate Dr.	26 4017 Braesgate Dr.			59-3287594			ot Applicabl	
Suite, Apt. #, e	rtc.	Suite, Apt. #	, etc			5. Certificate of Status Desired			Additional equired
City & State	to 1	City & State			6. Election Campaign Financing			May Be	
Tampa,		28 Tampa	, FL			Trust Fund Contribution			to Fees
Ζφ 4 33624	Country 25 USA	Zip 29 33624		Country	•	8. This corporation has liability for in			s. 19 9.032,
	25 USA 3. Name and Address of Curre		30	USA	<u> </u>	Florida Statutes 10. Name and Address of New Rec	Yes		
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	AORE, STEVEN J . WATERS AVE. #414								
Z/10 W.			82 Street Address (P.O. Box Number is Not A		ress (P.O. Box Number is Not Acceptable	e)			
IMITA	7 E 00014			83	1	######################################			
				84	City			85 Zip	Code
						poration submits this statement for the pu	FL		
SIGNATURE Sign.	aure typed or printed name of registered a OFFICERS A	agent and title if applicable ND DIRECTORS	(NOTE: Re	gistered Apo	ent signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND E	DIRECTO	RS IN 12
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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 compration 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 all anged, or on an attachment with an address.

SIGNATURE:

Date

Daytime Phone #