SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/90: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katheriné Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014680

Corporation Name	•	30000	•	OO
BLONG, INC.				

FILED 99 NOV -8 PM 2:54 SECRETARY OF STATE TALLAMASSEE, FLORIDA

Principal Plac	ce of Business	Mailing Address		- ·		
330 S PINEAL		330 S PINEAPPLE AVE	Ė			
106		106				
SARASOTA F	SARASOTA FL 34236-020 SARASOTA FL 34236-020 US US		DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE		
000		US			3. Date incorporated or Qualified 02/20/1995	
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0564942	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Cou	untry	8. This corporation owes the current year	Added to Fees
24	25	29	30	and y	Intengible Personal Property.	Yes No
== L	9. Name and Address of Cur			I	10. Name and Address of New Register	red Agent
				81 Name		
	IAPMAN, NANCY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	66 SWEETMEADOW RASOTA FL 34238					
34	PROUNT IL 39230			83		
				B4 City		85 Zip Code
				<u> </u>		
11. Pursuan	nt to the provisions of sections 607.0 r registered agent, or both, in the St	502 and 607.1508, Florida Stat ate of Florida. Such change wa	utes, the ab is authorize	ove-named corp d by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its registered opointment as registered
agent. I	am familiar with, and accept the ot	digations of, section 607.0505,	Florida Stat	tules.	, , ,	
SIGNATURE	Signature, typed or printed name of registered	ecent and title if englicable	(MOTE: Beolete	ered Agent planet we re	equired when reinstating) DAT	·C
12.		AND DIRECTORS	13.	The second second	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 Tf	TLE		Change Addition
NAVE	CHAPMAN, NANCY		1.2 N	AME		
STREET ADDRESS	4866 SWEETMEADOW		1,3 ST	TREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CI	ITY-ST-ZIP		
TITLE		DELETE	2.1 11	n.e		
NAME			2.2 810		7000020 .	Change Addition
STREET ADDRESS	1			AME	7000030 :	4 6 Change - Addition-
CITY-ST-ZIP			2.3 \$1	TREET ADDRESS	7000030 -11/16/9 ****150	4 6 200 1 Addio- 901030002 .00 ****150.00
TITLE	† 		2.3 ST 2.4 CI	TREET ADDRESS	700030 -11/16/9 ****150	.ບຸບ ****!ວບ.ບຸບ
NAME STREET ADDRESS		DELETE	2.3 \$T 2.4 CO 3.1 TO	TREET ADDRESS ITY-ST-ZIP TLE	700030 -11/16/9 ****150	4 5 Change - Addition- 901090002 .00 ***150.00
		DELETE	2.3 ST 2.4 Cr 3.1 TT 3.2 N/	TREET ADDRESS ITY-ST-ZIP TLE	700030 -11/16/9 ****150	.ບຸບ ****!ວບ.ບຸບ
1		DELETE	2.3 ST 2.4 CF 3.1 TF 3.2 NJ 3.3 ST	ITY-ST-ZIP TILE AME TREET ADDRESS	700030 -11/16/9 ****150	.ບຸບ ****!ວບ.ບຸບ
CITY-ST-ZIP			2.3 ST 2.4 CI 3.1 TI 3.2 NJ 3.3 ST 3.4 CI	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	700030 -11/16/9 ****150	Change Addition
CITY-ST-ZIP		□ DELETE	2.3 ST 2.4 CF 3.1 TF 3.2 NJ 3.3 ST	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE	700030 -11/16/9 ****150	.ບບ ****!ວບ.ບບ
CITY:ST-ZIP TITLE			2.3 ST 2.4 Cr 3.1 Tr 3.2 Nv 3.3 ST 3.4 Cr 4.1 Tr 4.2 Nv	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE	700030 -11/16/9 ****150	Change Addition
CITY-ST-ZIP TITLE NAME			2.3 ST 2.4 CI 3.1 TI 3.2 NV 3.3 ST 3.4 CI 4.1 TI 4.2 NV 4.3 ST	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME	700030 -11/16/9 ****150	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 ST 2.4 CI 3.1 TI 3.2 NV 3.3 ST 3.4 CI 4.1 TI 4.2 NV 4.3 ST	TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TREET ADDRESS TITY-ST-ZIP	700030 -11/16/9 ****150	Change Addition
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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:

CR2E034 (5/99)

Piper, Hawkins & George CERTIFIED PUBLIC ACCOUNTANTS
330 South Pineapple Avenue
8ulte 108
Sarasota, Florida 34238-7020

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Robert H. Piper, Jr., CPA Michael W. Hawkins, CPA Claudia K. George, CPA

Lynda H. Alexander, CPA Mary L. Ferrara, CPA Kim A. Hart, CPA John F. Oroukin, CPA Shelly Parmet-Evans, CPA Malling Address: Post Office Box 4136 Sarasota, Florida 34230-4138

Telephone:(941) 366-1040 Fax:(941) 366-1044

E-Mail: cpaphg@aol.com

August 23, 1999

Division of Corporations Annual Reports Filing P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Blong, Inc.

Document # P95000014680 F.E.I. 65-0564942 Profit Corporation Annual Report for 1999

Attached please find our check in the amount of \$150 and the Corporation Annual Report for 1999 for the above-mentioned corporation.

We have been attempting to contact the current officer and registered agent concerning the annual report in order to get the appropriate fees paid. It has now come to our attention that the officer/registered agent had been in Canada caring for her ill husband, who has since passed away.

We are asking that you accept the enclosed annual report and payment and not assess the additional \$400 penalty due to the circumstances of the late filing.

Should you need any additional information, please do not hesitate to contact us.

Sincerely,

PIPER, HAWKINS & GEORGE

MWH/pv Enclosures