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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015892 (9)

1. Corporation Name

BLUE HARBOUR EXPORT CORPORATION



Principal Place of Business

1252 CABANA RD.
UNIT 3
SINGER ISLAND FL 33404

Mailing Address

1252 CABANA RD.
UNIT 3
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8451 S.E. QUAIL RIDGE

Suite, Apt. #, etc. WAY

22 City & State

23 HOBE SOUND, FLORIDA

Zip

24 33455

Country

25 MARTIN

2a. Mailing Address

26 8451 S.E. QUAIL RIDGE

Suite, Apt. #, etc. WAY

27 City & State

28 HOBE SOUND, FLORIDA

Zip

29 33455

Country

30 MARTIN

3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0562114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZECCA, LISA K.
1252 CABANA RD.
UNIT 3
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent (ACTIVITY)

81 Name ZECCA, LISA K.

82 Street Address (P.O. Box Number is Not Acceptable)
8451 S.E. QUAIL RIDGE WAY

83

84 City

HOBE SOUND

FL

85 Zip Code

33455

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

LISA K. ZECCA, DPVST

3/5/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZECCA, LISA K.
STREET ADDRESS 1252 CABANA RD., #3
CITY-ST-ZIP SINGER ISLAND FL

TITLE PVST ☐ DELETE

NAME ZECCA, LISA K.
STREET ADDRESS 1252 CABANA RD., #3
CITY-ST-ZIP SINGER ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ZECCA, LISA K.

8451 S.E. QUAIL RIDGE WAY

HOBE SOUND, FL. 33455

PVST

ZECCA, LISA K.

8451 S.E. QUAIL RIDGE WAY

HOBE SOUND, FL. 33455

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:

LISA K. ZECCA 3/5/98 1561546-7686

CR2E034 (10/97)