

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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

FILED
Mar 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

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
Trust Fund Contribution \$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

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

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

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 33455 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZECCA, LISA K.		1.2 NAME	ZECCA, LISA K.	
STREET ADDRESS	1252 CABANA RD., #3		1.3 STREET ADDRESS	8451 S.E. QUAIL RIDGE WAY	
CITY-ST-ZIP	SINGER ISLAND FL		1.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PVST	<input type="checkbox"/> DELETE	2.1 TITLE	PVST	
NAME	ZECCA, LISA K.		2.2 NAME	ZECCA, LISA K.	
STREET ADDRESS	1252 CABANA RD., #3		2.3 STREET ADDRESS	8451 S.E. QUAIL RIDGE WAY	
CITY-ST-ZIP	SINGER ISLAND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 within an address.

SIGNATURE

CR2E034 (10/97)

3/5/98 (56)546-2686