

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

**FILED**

**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000017521 (2)**  
 1. Corporation Name  
**BLAIR & URBAINCZYK ENTERPRISES, INC.**



Principal Place of Business <b>1144 PALM COVE DR. ORLANDO FL 32835</b>	Mailing Address <b>1144 PALM COVE DR. ORLANDO FL 32835-8044</b>
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3. Date Incorporated or Qualified <b>03/03/1995</b>	3a. Date of Last Report <b>08/23/1996</b>
4. FEI Number <b>59-3297198</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1717 W. Fairbanks Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1717 W. Fairbanks Ave.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Winter Park, FL 32789</b>	27 City & State 28 <b>Winter Park, FL 32789</b>
24 Zip 25	29 Zip 30 Country

9. Name and Address of Current Registered Agent

**URBAINCZYK, ERNST  
1144 PALM COVE DR.  
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAIR, ROBERT</b>	
STREET ADDRESS	<b>1144 PALM COVE DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URBAINCZYK, ERNST</b>	
STREET ADDRESS	<b>1144 PALM COVE DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Blair, Bobby</b>	
1.3 STREET ADDRESS	<b>825 Courtland St.</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Urbainczyk, Ernst</b>	
2.3 STREET ADDRESS	<b>1717 W. Fairbanks Ave.</b>	
2.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:  **ERNST URBAINCZYK** 4.24.97 407-644-0872

CR2E034 (9/96)