

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029743 (8)

1. Corporation Name

BLUENOSE MOTEL, INC.



Principal Place of Business

292 107TH AVE
TREASURE ISLAND FL 33706

Mailing Address

292 107TH AVE
TREASURE ISLAND FL 33706

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

4. FET Number

59-3309479

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELHARDT, PETER
292 107TH AVENUE
TREASURE ISLAND FL 33703

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

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
ENGELHARDT, PETER
STREET ADDRESS
292 107TH AVE
CITY-STATE-ZIP
TREASURE ISLAND FL 33706

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

TITLE ☐ DELETE

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-STATE-ZIP

TITLE ☐ DELETE

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

TITLE ☐ DELETE

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

TITLE ☐ DELETE

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

TITLE ☐ DELETE

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Soontja Libelt Yoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #

1/15/96 813)360-1730

CR2E034 (12/95)