

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000044760 (3)**

1. Corporation Name

**BLUE CAT SERVICE, INC.**



Principal Place of Business

Mailing Address

**5184 EAST WINDS DRIVE  
ORLANDO FL 32819**

**5184 EAST WINDS DRIVE  
ORLANDO FL 32819**

2. Principal Place of Business		2a. Mailing Address	
21 <b>5428 LAKE JESSAMINE DR</b>	26 <b>5428 LAKE JESSAMINE</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>5428</b>	27 <b>DRIVE</b>		
City & State	City & State		
23 <b>ORLANDO, FL</b>	28 <b>ORLANDO, FL</b>		
Zip	Country	Zip	Country
24 <b>32839</b>	25 <b>2830</b>	29 <b>32839</b>	30 <b>2830</b>

3. Date Incorporated or Qualified <b>06/09/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3327237</b>	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COUTO, SERGIO  
5184 EAST WINDS DRIVE  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name <b>COUTO, SERGIO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5428 LAKE JESSAMINE DRIVE</b>
83
84 City <b>ORLANDO</b> FL 85 Zip Code <b>32839</b>

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COUTO, SERGIO</b>	
STREET ADDRESS	<b>5184 EAST WINDS DRIVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32819</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

11 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>COUTO, SERGIO</b>	<input checked="" type="checkbox"/> NEW ADDRESS
13 STREET ADDRESS <b>5428 LAKE JESSAMINE DRIVE</b>	
14 CITY - ST - ZIP <b>ORLANDO, FL 32839</b>	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**COUTO69 328192014 1696 07/18/96  
NOTIFY SENDER OF NEW ADDRESS  
COUTO  
5428 LAKE JESSAMINE DR  
ORLANDO FL 32839-2830**



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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(407) 857 7598**

CR2E034(3/96)