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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000073012 (3)

BLUE LAGOON RESORTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7000 W PALMETTO PARK RD. SUITE 400 ROCA RATON P. 33433

99096 OVERSEAS HWY KEY LARGO FL 33037-2452 FILED
May 08 1997 8:00am
Secretary of State



BOCA RATON	PL 33433 US		_				
					3. Date Incorporated or Qualified		Løst Report
		1 - 24 main			09/21/1995	08/05/1	996
2. Pripoipal P	lace of Business	Mailing Address			4. FEI Number		Applied For
21 770	196 Overseas Huy			2/4/-	65-0617752		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Dosired		<b>B.75</b> Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be
23 Key	28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cpu	ntry	8. This corporation has liability for		
<u>24 کی </u>	3/ 25 (JSF) 29		30			Yes No	·
<del></del>	9. Name and Address of Current Register	ered Agent			10. Name and Address of New Re	gistered Agen	<u>t</u>
THO	MAS, TIMOTHY NICHOL			81 Name			
99198 OVERSEAS HWY				82 Street Address (P.O. Box Number is Not Acceptable)			
SUT	E 8						
	LARGO FL 33037		-	83			
			}	84 City		85	Zip Code
İ			.	OTION		FL ∣°°	210 0000
11. Pursuant	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida	7.1508, Florida Statu	los, the ab	ove-named o	orporation submits this statement for the p	ourpose of char	nging its registered
agent. I a	m familiar with, and accept the obligations of,	a. Such change was Section 607.0505, Fi	aumonzet Iorida Stat	i by the corpo ules.	ration's board of directors. Thereby accep	or the appoint	ient as registereo
SIGNATURE							
	Signature, typed or printed name of registered agent and title if			Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECT		13.	::r	ADDITIONS/CHANGES TO OFFICE		
TITLE	P	L DETETE	1.1 1/1			ا () ا	Change
NAME	BOETTCHER, PETER		1.2 NA				
STREET ADDRESS	126 CARIBBEAN DRIVE		1.3 ST	REE1 ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			(Y - S1 - Z(P			
TITLE	ST	DELETE	2.1 1 1	TE		L) (	Change L_ Addition
NAME	JOHNSON, CHRISTY		2.2-NA	ME			
STREET ADDRESS	99096 OVERSEAS HWY		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL		2.4 CI	1Y-S1-ZIP			
TITLE		☐ DELETE	31TH	LĒ .		LJ (	Change [] Addition
NAME	•		3.2 NA	ME			
STREET ADDRESS			3351	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 10	LE			Change [] Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 51	REE1 ADDRESS			
CITY-ST-ZIP			4.4 DC	IY-\$1-7IP			
TITLE		DELETE	5.1 111	LE			Change
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 BT	REET ADDRESS			
CITY-ST-ZIP		•		IY-S1-7IP			
TITLE		DELETE	61 10				Change
NAME			G 2 NA	1			•
STREET ADDRESS	•		1	REET ADDRESS			
				1Y-S1-ZIP			
CITY-ST-ZIP			0.4 [7]	11-91-511	1 0 0 0 146 07/0/20 Et 11 0 11		

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 eath; that I am an officer or director of the composition of 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 it changes and an attachment with an address.

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