

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION  
ANNUAL REPORT  
1996

DOCUMENT # **P95000077490 (7)**

1. Corporation Name  
**BLUE INK, INC.**

**REINSTATEMENT** *Re-97*

Principal Place of Business Mailing Address  
**13060 VISTA ISLE DRIVE, #222  
SUNRISE FL 33325**

3. Date Incorporated or Qualified **10/10/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>1737 E. Commercial Blvd</b>		26 <b>1737 E. Commercial Blvd</b>		<b>65-062715</b>		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Fe Lauderdale FL</b>		28 City & State <b>Fe Lauderdale FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33334</b>		25 Country <b>USA</b>		29 Zip <b>33334</b>		30 Country <b>USA</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SCHAFFER, FREDERICK A  
13060 VISTA ISLE DRIVE, #222  
SUNRISE FL 33325

81 Name **FREDERICK A. SCHAFFER**  
82 Street Address (P.O. Box Number is Not Acceptable) **1737 E. Commercial Blvd**  
83  
84 City **Fe Lauderdale** FL 85 Zip Code **33334**

11. Pursuant to the provisions of Sections 607.0607 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *FREDERICK SCHAFFER* DATE **7/30/97**  
Signature of (or printed name of) registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAFFER, FREDERICK</b>	1.2 NAME	<b>FREDERICK SCHAFFER</b>
STREET ADDRESS	<b>13060 VISTA ISLE DRIVE, #222</b>	1.3 STREET ADDRESS	<b>1737 E. Commercial Blvd</b>
CITY-ST-ZIP	<b>SUNRISE FL 33325</b>	1.4 CITY-ST-ZIP	<b>Fe Lauderdale FL 33334</b>
TITLE		2.1 TITLE	<b>STAN SCHAFFER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>D</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1737 E. Commercial Blvd</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Fe Lauderdale FL 33334</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>600002270976--4</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>-08/19/97--01031--020</b>
TITLE		4.1 TITLE	<b>***915.00</b> <input type="checkbox"/> <del>***915.00</del>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<i>A. Alan</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>8/15/97</b>
TITLE		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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-97** Date

**954-772-1700** Daytime Phone #

CF2E034 (12/95)