


FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000090633 (5) 1. Corporation Name BLADE RUNNERS GROUNDS MAINTENANCE, INC.			
Principal Place of Business 1155 ALABAMA AVENUE HOLLY HILL FL 32117		Mailing Address 1155 ALABAMA AVENUE HOLLY HILL FL 32117	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent JOHNS, BRUCE 944 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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 signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FEIT, JON		1.1
STREET ADDRESS	1155 ALABAMA AVENUE		1.2
CITY - ST - ZIP	HOLLY HILL FL 32117		1.3
			1.4
TITLE	PTS	<input type="checkbox"/> DELETE	
NAME	FEIT, JON		2.1
STREET ADDRESS	1155 ALABAMA AVENUE		2.2
CITY - ST - ZIP	HOLLY HILL FL 32117		2.3
			2.4
TITLE		<input type="checkbox"/> DELETE	
NAME			3.1
STREET ADDRESS			3.2
CITY - ST - ZIP			3.3
			3.4
TITLE		<input type="checkbox"/> DELETE	
NAME			4.1
STREET ADDRESS			4.2
CITY - ST - ZIP			4.3
			4.4
TITLE		<input type="checkbox"/> DELETE	
NAME			5.1
STREET ADDRESS			5.2
CITY - ST - ZIP			5.3
			5.4
TITLE		<input type="checkbox"/> DELETE	
NAME			6.1
STREET ADDRESS			6.2
CITY - ST - ZIP			6.3
			6.4



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		11/27/1995	
4. FEI Number	59-3347802	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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, typed or printed name of registered agent and title if applicable.		(NOTE: Register Agent signature required when reinstalling)	DATE

12.	OFFICERS AND DIRECTORS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEIT, JON	
STREET ADDRESS	1155 ALABAMA AVENUE	
CITY - ST - ZIP	HOLLY HILL FL 32117	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	FEIT, JON	
STREET ADDRESS	1155 ALABAMA AVENUE	
CITY - ST - ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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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 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 ME		
1.3 FEET ADDRESS		
1.4 Y- ST- ZIP		
2.1 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 ME		
2.3 FEET ADDRESS		
2.4 Y- ST- ZIP		
3.1 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 ME		
3.3 FEET ADDRESS		
3.4 Y- ST- ZIP		
4.1 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 ME		
4.3 FEET ADDRESS		
4.4 Y- ST- ZIP		
5.1 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 ME		
5.3 FEET ADDRESS		
5.4 Y- ST- ZIP		
6.1 E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 ME		
6.3 FEET ADDRESS		
6.4 Y- ST- ZIP		

14. I 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 as far as I am personally aware, 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 Block 12 or Block 13 if changed, or on an attachment with an address; and that my name appears in the report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: Albert J. McGuire

1/9/97 904677 7088

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