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

FILED
Mar 17 1997 8:00am
Secretary of State

DOCUMENT # **P96000005707 (0)**

1. Corporation Name
BLUES HEAVEN RENDEVOUS, INC.

Principal Place of Business
~~3221 S. ATLANTIC AVE., UNIT 704~~
COCOA BEACH FL 32931

Mailing Address
~~3221 S. ATLANTIC AVE., UNIT 704~~
COCOA BEACH FL 32931-2158

3. Date Incorporated or Qualified: **01/17/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 315 W. Cocoa Beach Csway
Suite, Apt. #, etc.
22
City & State
23 Cocoa Beach, FL
Zip 24 32931 Country 25 Brevard

2a. Mailing Address
26 709 S. Atlantic Ave.
Suite, Apt. #, etc.
27
City & State
28 Cocoa Beach, Fl.
Zip 29 32931 Country 30 Brevard

4. FEI Number 59-3367767 ☐ 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
MARKEY, KEVIN P ESQ.
410 WEST MERRITT AVE.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
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: (Type or Print Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MORRELL, FRANK	
STREET ADDRESS	~~3221 S. ATLANTIC AVE., UNIT 704~~ 709 S. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☐ DELETE
NAME	HOSMER, JAMES	
STREET ADDRESS	~~3221 S. ATLANTIC AVE., UNIT 704~~ 1527 S. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931 UNIT 301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Frank Morrell V. PRES 3-11-97 407-868-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK MORRELL

0102730

CR2E034 (9/96)