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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037254

1. Corporation Name

TRAILBLAZER L.A., INC.

Principal Place of Business 1910-1/2 E 7TH AVE

Mailing Address

P O BOX 76895 TAMPA FI 33675

May 10, 1999 8:00 am Secretary of State

05-10-1999 90072 015 ***150.00



17W17 1 C 0000	D THIRLY I'M GOOD				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
سامات مستع		_			04/30/1996				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			App	lied For
21		26			59-3391931			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired				ditional
22		27		_	5. Certificate of Status Desired		F	e Req	uired
City & State	8	City & State			6. Election Campaign Financing	П	\$5	.00 N	/lay Be
23		28			Trust Fund Contribution		Ac	lded to	Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curre	ent year Inta	ingible		_
24	25	29 3	30		Personal Property Tax.		☐ Yes	. [No
	9. Name and Address of Cu	rrent Registered Agent		,	10. Name and Address of New R	egistered /	Agent		_
			81	Name					
WILCOX, LINDA				Street Ad	dress (P.O. Box Number is Not Accepta	hle)			
1910-1/2 E 7TH AVE			"	82 Street Address (P.O. Box Number is Not Acceptable)					
TAM	PA FL 33605		83						
				-	.		Toe I	Zip C	
			84	City		FL	85	Zip Çi	Me
11. Pursuant t	to the provisions of Sections 607.	.0502 and 607.1508. Florida Statutes	s, the abov	e-named co	rporation submits this statement for the	purpose of	changi	ng its r	egistered
- office or re	eastered agent for both hin the St	tate of Florida∴Such change was aut	horized by	the corpora	ition's board of directors. I hereby accep	t the appoir	tment	as reg	istered -
agent. I ar	m familiar with, and accept the oc	oligations of, Section 607.0505, Florid	sa statutes		•				
SIGNATURE	Signature, typed or printed name of registered	d enent and title if applicable (NOTE: F	Registered Age	nt signature regu	ured when reinstating)	DATE			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRI	ECTOF	RS IN 12
TITLE	Ď	☐ DELETE	1.1 TITLE				Ch		☐ Addition
NAME	WILCOX, LINDA		1.2 NAME						
STREET ADDRESS	1910-1/2 E 7TH AVE			TADDRESS					
	TAMPA FL 33605		1.4 CITY-S						
CITY-ST-ZIP	D	DELETE	2.1 TITLE	1-217			[] Ch	ange	Addition
			2.2 NAME					-	
NAME	WILCOX, LEONARD			TADDRESS					
STREET ADDRESS	1910-1/2 E 7TH AVE								
CITY-ST-ZIP	TAMPA FL 33605	DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP			□1 Ch	ange	☐ Addition
TITLE		□ pere⊥e						90	
NAME			3.2 NAME	-					
STREET ADDRESS				TADDRESS					
CITY-ST-ZiP			3.4. CITY-8	ST-ZIP			[] Ch	2000	Addition
TITLE		☐ DELETE	4.1 TITLE	İ			Поп	ange	Addition
NAME			4. 2 NAME						i
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				0000	□ Addition
TITLE		☐ OELETE	5.1 TITLE	j			☐ Ch	ange	Addition
NAME			5.2 NAME						
STREET ADDRESS			•	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Ch	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
			0.4.0007.5						

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 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, with all other like empowered.

SIGNATURE: