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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

P96000055512 (3)

BLUE WATER INTERNATIONAL, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4731 WEST KNIGHTS AVENUE POST OFFICE BOX 385 **TAMPA FL 33611** TAMPA FL 33601-0385 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3386209 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITL F DELETE 11 BILE ☐ Addition ☐ Change NAME HEFFERNAN, JOHN 1.2 NAME STREET ADDRESS 4731 WEST KNIGHTS AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-7IP DELETE TITLE 2.1 TITLE Addition ☐ Change NAME MEYER, JEROME 2.2 NAME STREET ADDRESS 4731 WEST KNIGHTS AVENUE 2.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE ☐ DELETE STD Change 3.1 TITLE Addition NAME HOLT, RICHARD 3.2 NAME **4731 WEST KNIGHTS AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETÉ 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - 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 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 cha