04-29-1999 90264 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000090573

1. Corporation Name

BLAZE	COMPUTER SYSTEMS, INC.		•								
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Principal Place	e of Business	Ma	iling Address	_			118911	Ent the lessa arth Entit Ed	1131 88411 88118		19808 7117 1007
3921 N 66TH A			1 N 66TH AVE								
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024								DO NOT WRI	TE IN THIS	SDACE	
US		US		 ;			3 Date Incor	porated or Qualifed	IE IN THIS		
			•				11/05/19	•			•
2 Principal P	lace of Business	22	Mailing Address	_			4. FEI Numb			Ar	plied For
21 Pinicipal P	iaca oripusiriess	26					65-0706			<u> </u>	t Applicable
	#, etc.	20	Suite, Apt. #, etc.							\$8.75	
22		27					5. Certifcate	of Status Desired		Fee Re	
City & State	e , ,	- /	City & State	_			6. Election C	ampaign Financing		\$5.00	May Be
23	•	28						Contribution		Added	
Zip	Country	1	Zip	Cou	ntry		8. This corpo	ration owes the curr	rent year Int	angible	_
24	25	29		30			Personal F	Property Tax.		☐Yes	□No
	9. Name and Address of Current	Regis	tered Agent				10. Name and	Address of New I	Registered	Agent	
5.10	ALIEL CALL STAIRS				81	Name					
	BUILLON, VENRI			1	82	Street Addre	ess (P.O. Box Nu	mber is Not Accepta	able)		
i	NORTH PARK ROAD			l			<u> </u>			•	
HOL	LYWOOD FL 33021				83						
					84	City				85 Zip (Code
						•			FL	.	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligation	and 60	07.1508, Florida Statu	ites, the at	bove-r	named corpo	oration submits th	nis statement for the	purpose of	changing its	registered
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, FI	orida Statu	ites.	ie corporatio	in a board or direc	ciors. Thereby accep	pt the appoin	illinoite da 10	9.0.0.00
SIGNATURE											
,											
	Signature, typed or printed name of registered agent				Agent s	signature required	d when reinstating)		DATE	D DIDEOTO	
12.	OFFICERS AND		CTORS	13.		signature required		CHANGES TO OF			_
12 . πιε	OFFICERS AND			13.	LΕ	signature required		S/CHANGES TO OF		ID DIRECTO	DRS IN 12
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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.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)