## 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 # P96000091214 (2)

WHAT A BLAST CORP.

Principal Place of Business

Mailing Address

## FILED May 04 1998 8:00am Secretary of State



| 8704 N.W. 35TO<br>SUITE 206<br>CORAL SPRING                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 8704 N.W. 35TH STREET<br>SUITE 206<br>CORAL SPRINGS FL 33065 |                         | DO NOT WRITE IN THIS SPACE                            |                                                                                         |                    |                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|--------------------------------|--|
| Dringing Die                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and of Business                                                             | 2a. Mailing Address                                          |                         |                                                       | 4. FEI Number                                                                           |                    | Applied For                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                              | ANDAR                   |                                                       |                                                                                         | -                  | Not Applicable                 |  |
| 21 4317 S. LANDAR DR. 26 4317 S. LANDAR DR. Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                              | 400HK                   | UK.                                                   | 59-3409384                                                                              |                    | 75 Additional                  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                             | c/ <sub>7</sub>                                                             | 27 6/7                                                       | C/7                     |                                                       |                                                                                         | Fe                 | Fee Required                   |  |
| 23 LK. WORTH, FLA USA 28 L                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | City & State  28 LK. WRTH,                                   | LK. WATH, FLA. USA      |                                                       | Election Campaign Financing     Trust Fund Contribution                                 |                    | \$5.00 May Be<br>Added to Fees |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                     | Zip                                                          | Country                 | <i>'</i>                                              | 8. This corporation owes or has paid                                                    |                    |                                |  |
| 24 3346                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 33463 25 29 33/63 30                                                        |                                                              |                         |                                                       | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                    |                                |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                              |                         | 81 Name                                               |                                                                                         |                    |                                |  |
| adeline, Bryan S                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                              |                         | Name                                                  |                                                                                         |                    |                                |  |
| 2017 MAPLEWOOD DRIVE<br>CORAL SPRINGS FL 33071                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                              | 82                      | 82 Street Address (P.O. Box Number is Not Acceptable) |                                                                                         |                    |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                              | 83                      |                                                       |                                                                                         |                    |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                              |                         |                                                       |                                                                                         | 12-1               | Z- C-d-                        |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                              | 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                                                             |                                                              |                         |                                                       |                                                                                         |                    |                                |  |
| SIGNATURE Signature, typed or pointed name of registered agent and telle if applicable (NOTC Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                       |                                                                             |                                                              |                         |                                                       |                                                                                         |                    |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature, hyperd or printed marile or respirate and agent<br>OF FICERS AND |                                                              | 13.                     | eni signatoro req                                     | ADDITIONS/CHANGES TO OFFICE                                                             |                    | CTORS IN 12                    |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                                                                           | DELETE                                                       | 1.1 TILLE               | ————                                                  | Nobilio(10)(01)(1020 10 011102                                                          | Cha                |                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LAMANNA, PHILIP                                                             | 1.2 NA                                                       |                         |                                                       |                                                                                         |                    | · -                            |  |
| AND CALLS AND ASSESSED ALIDE AND                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                              |                         | I ADDRESS                                             |                                                                                         |                    |                                |  |
| FOR IL ORDINGO EL GOCOF                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                              | 1.4 CITY-1              |                                                       |                                                                                         |                    |                                |  |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                              | 21 TITLE                | 21-44                                                 |                                                                                         | Cha                | inge Addition                  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                           |                                                              | 22 NAME                 |                                                       |                                                                                         |                    | -                              |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                              |                         | F ADDRESS                                             |                                                                                         |                    |                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·                                                                           |                                                              | 2.3 STILL               |                                                       |                                                                                         |                    | 1                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                              | 3.1 TITLE               | 31-211                                                |                                                                                         | Cha                | inge Addition                  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                              | 3.2 NAME                | Ì                                                     |                                                                                         | _                  |                                |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                              |                         | I ADDRESS                                             |                                                                                         |                    |                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                              | 3.4. CITY-              |                                                       |                                                                                         |                    | 1                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | DELETE                                                       | 4.1 TITLE               | 31-71                                                 |                                                                                         | ☐ Ch:              | ange Addition                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                              | 4. 2 NAME               |                                                       |                                                                                         |                    | · -                            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                              |                         | I ADDRESS                                             |                                                                                         |                    |                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                              | - 1                     |                                                       |                                                                                         |                    |                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | DELETE                                                       | 4.4 CITY -<br>5.1 TITLE | S1-ZIP                                                |                                                                                         | Chr                | ange Addition                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | C) ottere                                                    |                         | - 1                                                   |                                                                                         |                    |                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                              | 5 2 NAME                |                                                       |                                                                                         |                    |                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                              | 1                       | 1 ADDRESS                                             |                                                                                         |                    |                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | DELETE                                                       | 5.4 CITY -              | SI-ZIP                                                |                                                                                         | Ch                 | ange Addition                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | ☐ hereig                                                     | 61 TITLE                |                                                       |                                                                                         |                    | wild Tringwoll                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                              | 6.2 NAME                |                                                       | •                                                                                       |                    |                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                              |                         | T ADDRESS                                             |                                                                                         |                    |                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | this films does not asset of                                 | 64 C/TY-                | ST-ZIP                                                | in Section 119.07(3)(i), Florida Statutes. I fo                                         | uthor partity the  | at the information             |  |
| j 14. inereby c                                                                                                                                                                                                                                                                                                                                                                                                                                                | eruny triat the information supplied wit                                    | a mis niing does not quality t                               | ior trie exemi          | wou graiga i                                          | in Socion Tratoristi, richoa statutes. Fil                                              | ALDIOL COLLINY DIS | at the intermedical            |  |

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 trustice 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 attrichment with an address.