## 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 # P96000104356

TREASURE COAST BLUEPRINT, INC.

Principal Place of Business

1210 S. 12TH ST. FT. PIERCE FL 34950 Mailing Address

1210 S. 12TH ST. FT. PIERCE FL 34950

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90004 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3425306 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 . 🗆 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERGMAN, DONALD 1210 S. 12TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34950 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 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 name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 11 TITLE ☐ Change ☐ Addition BERGMAN, DONALD 1.2 NAME STREET ADDRESS 1210 S. 12TH ST. 1.3 STREET ADDRESS FT. PIERCE FL 34950 CITY-ST-ZIP 1.4 CITY- ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition BERGMAN, GEOFFREY NAME 2.2 NAME STREET ADDRESS 6314 FOSTER ST 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Geoffrey Bergman

561-462-2583

CR2E034 (11/98)