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 # P9700007265 (6) BLOCKFIELD U.S., INC.										kill okill solld to	818 41818 81	186 Billi 1881
Pı	incipal Place	e of Busines	s	Mailing Add		• •	· · · ·					
5	370 GULF O	F MEXICO DI	R.	5370 GULF	5370 GULF OF MEXICO DR.							
LONGBOAT KEY FL 34228				LONGBOAT	LONGBOAT KEY FL 34228				DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
2. Principal Place of Business			2a. Mailing	2a. Mailing Address				01/24/1997 4. FEI Number		TIA	pplied For	
21			26								ot Applicable	
1	Suite, Apt. #, etc.			ļ	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional 🔍
City & State					City & State			₁	6. Election Campaign Financing			May Be
23					28				Trust Fund Contribution			to Fees
	Zip			Zip	-	Country			8. This corporation owes or has p		-	_ ~
24	-6-	9. Name	and Address of Co	29 urrent Registered Ag		30			Personal Property Tax due Jun 10. Name and Address of New R			_ No
_	SHI	EA, JOHN				B1	Name		- 	<u> </u>		
630 SO.ORANGE AVE.							Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
` SARASOTA FL 34236						8:						
							<u> </u>					
							City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth						s, the about	re-named	corpo	ration submits this statement for the	purpose of cl	nanging i	ts registered
	agent. I a	ım fa miliar w	th, and accept the	obligations of, Section	607.05 0 5, Flor	rida Statute	es.	porano	no bould of directors. Thereby dead	prino appon	icino il do	, rogistored
SI	GNATURE	Signature, typed	or printed name of register	ed agent and tille it applicable	(NOTE:	Registered A	jent signaturi	e required	when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFI			
111		D		L	_] DELETE	1.1 TITLE					Change	Addition
NAME Street address			an, elizabeth Jlf of Mexico I	Ne	1.2 NAME 1.3 STREET ADDRESS		13 K	REUER, ELIZABETH	4			
1	Y-ST-ZIP	,	DAT KEY FL 3422			1.4 CITY-		N.	AME CHANGE ONLY			
TIT		D			DELETE	2.1 TITLE		1		Г	Change	Addition
NA.	ME		s, Henny			2.2 NAME						
STREET ADDRESS			DER BATTALAAN MAASTRICT NE		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		1					
TI	Y-57-21P LE	10221 00	MANSINO NE		DELETE	3.1 TITLE	-S1-ZIP				Change	Addition
NA.	ME					3.2 NAME		ł				
ST	REET ADDRESS					3.3 STREE	T ADDRESS	ŀ				
	Y-ST-ZIP	<u> </u>			DELETE	3.4. CITY -	ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TIT NA	· I				_] DECENE	4. 2 NAME	;			L	1 Change	□ KudiliQii
1	REET ADDRESS						t address					
cn	Y-ST-ZIP	·				4.4 C(TY-	ST-ZIP	ļ.,		المالية		
TIT				L] DEL et e	5.1 TITLE		ļ	90000248 -04/15/98010	42112 1	Enange	Addition
NA CT	ME Reet address					5.2 NAME		l	***300.00	11		37
ſ	Y-ST-ZIP					5.4 CITY -	T ADDRESS ST-ZIP	1				5.4
711				T T	DELETE	6.1 TITLE					Change	Addition
NA.	ME	1				6.2 NAME						
l	REET ADDRESS						T ADDRESS					
CIT	Y-\$1-ZIP					6.4 CITY-	ST-ZIP	1				

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.

SIGNATURE:

Exchall bem

4/0/98

941-383-6424

FILED

May 04 1998 8:00am

Secretary of State