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 # P97000016729 1. Corporation Name

OX AND BLUE INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90061 012 ***158.75



					}		(
Principal Place of Business Mailing Address						1 10011001 310 10111 10011 60111 0		ing that here to bid)
3849 POWERLINE ROAD 3849 POWERLINE ROAD					-				
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				DO NOT IMPLE			TE (61	10 0040E	
					-	DO NOT WR Date Incorporated or Qualifed		IS SPACE	
					'	02/21/1997			
2. Principal F	Place of Business	2a. Mailing Address	3		4	FEI Number		- Ar	oplied For
21 3849	Powertine, Rmal	26 3849 POWOH	ine. Ro	ad	-=-	65-0741672 ⁻			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired	×	\$8.75	Additional
22		27						Fee Re	equired
City & Stat	te audoralala 17	City & State 28 Fort Laudo 17 la	6 1		6	i. Election Campaign Financing		•	May Be
Zip Zip	Country Country	Zip Corruction	Country			Trust Fund Contribution		Added 1	to Fees
33	3 <i>30</i> 9 厨~ÜĞA	29 33309 3		3A	8	 This corporation owes the cur Personal Property Tax. 	rent year I	Intangible	□No
24 00	9. Name and Address of Current		<u> </u>	<u>، برد</u>	10). Name and Address of New	Registere		
81 Name .									
VANDIVIER, PAUL				tract Ac	ddroes (P.O. Box Number is Not Accept	able)		
3849 POWERLINE ROAD				iree: At	udiess (P.O. Box Number is Not Accept	able)		ı
FT.	LAUDERDALE FL 33309		83						
}			84 C	ity				. 85 Zip (Code
L				···y			F	L	
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 name of registered agent	and title if applicable (NOTE: B.	egistered Agent sign	natura race	outlend withou		DATE		
12. OFFICERS AND DIRECTORS			13.	ature requ		ADDITIONS/CHANGES TO OF		AND DIRECTO	ORS IN 12
TITLE	V-P	DELETE	1.1 TITLE	1		-President		Change	Addition
NAME	VANDIVIER, CINDY	•	1.2 NAME		Phi	u vandivier			
STREET ADDRESS	2648 SE 14TH STREET	_ · ·	1.3 STREET ADDRESS		284	a Powerline Rox	u		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	· _L	Fort	Laudordale. Fi	333	309	_
TITLE	Ρ .	☐ DELETE	2.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition
NAME	SCHETTINO, THOMAS	l	2.2 NAME			r			
STREET ADDRESS			23 STREET ADD	RESS		نسبر - ب	-		
CITY-ST-ZIP	MIRAMAR FL 33023		2.4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADD	RESS					
CITY-ST-ZIP		———————	3.4. CITY-ST-ZIF	<u>-</u>					- Addition
TITLE		☐ DELETE	4.1 TITLE	Ì				☐ Change	☐ Addition
NAME STREET ADDRESS		1	4.2 NAME	DECC.					ĺ
STREET ADDRESS			4.3 STREET ADD	ì					ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE					☐ Change	☐ Addition
NAME		<u> </u>	5.2 NAME						
STREET ADDRESS			53 STREET ADD	RESS		•			ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	-				Change	☐ Addition
l l	1			- 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 truetcer 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 entire true of the repowered. dress, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR