

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042137 (4)**

1. Corporation Name
BLUE CHIP 2000, INC.



Principal Place of Business 453 WOODSTOCK DRIVE PORT ORANGE FL 32127	Mailing Address 453 WOODSTOCK DRIVE PORT ORANGE FL 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1997	
21		26		4. FEI Number 59-3443142	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**BELUS, ALLEN
6235 PALOMINO CIRCLE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81	Name	VINCENT A. PECORARO
82	Street Address (P.O. Box Number is Not Acceptable)	453 WOODSTOCK DR
83		
84	City	PORT ORANGE
85	Zip Code	FL 32127

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 *Vincent A Pecoraro* **VINCENT A. PECORARO** **3/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Vice-President			1.2 NAME			
STREET ADDRESS	Vincent Pecoraro			1.3 STREET ADDRESS			
CITY-ST-ZIP	453 Woodstock Dr Port Orange, FL 32127			1.4 CITY-ST-ZIP			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Daniel Hopkins			2.2 NAME			
STREET ADDRESS	2775 Lawyers Pt Dr			2.3 STREET ADDRESS			
CITY-ST-ZIP	Cincinnati OH 45244			2.4 CITY-ST-ZIP			
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gary Hopkins			3.2 NAME			
STREET ADDRESS	777 Kuster Mill Rd			3.3 STREET ADDRESS			
CITY-ST-ZIP	Cincinnati OH 45243			3.4 CITY-ST-ZIP			
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robin Pecoraro			4.2 NAME			
STREET ADDRESS	453 Woodstock Dr			4.3 STREET ADDRESS			
CITY-ST-ZIP	Port Orange, FL 32127			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 *Vincent A Pecoraro* **3/12/98** **904-761-8857**

CR2E034 (10/97)