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

**FILED** Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000045962 (2) BLG SERVICES, INC. Principal Place of Business Mailing Address 9140 SOUTHAMPTON PLACE 9140 SOUTHAMPTON PLACE **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>.5- 0752845</u> Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ECKERT, PENNY 330 SE 20TH AVE #201 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 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 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1000 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE 17221024 ery horin L GRIM NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE 2.1 TITLE Change Addition TIFLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 Tille NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4:4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

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 if changes, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

349-98

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