## 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** 

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90134 010 \*\*\*150.00

DOCUMENT #	P97000046044
4 Outstanding Massa	

BLUE HERON INVESTIGATIONS INC.

								<b>118 (</b> 11) <b>10</b> )) 1	
Principal Place	of Business	Mailing Address							
238B TAMPA AV	/E W	P.O. BOX 1181							
STE 21A		VENICE FL 34284				DO NOT WRI	TE IN THIS S	SPACE	
VENICE FL 3428	15	U\$			1 2 0	ate Incorporated or Qualifed	TE IN THIS	JFACE.	
US					,	5/22/1997			
2. Principal Pl	ace of Business .	2a. Mailing Address			1	El Number		App	olied For
21 221 V	N. Venice Ave.	26 P.O. Box	1181		6	5-0319635		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.0	ertifcate of Status Desired		\$8.75 A	l I
22		27						Fee Re	quired
City & State		City & State			6. E	tection Campaign Financing	Π	\$5.00	
23 Venio	ce, FL	28 Venice, FI				rust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	•		his corporation owes the curr	-		Chi-
3428		34284	30 S	arasot		ersonal Property Tax.			L <b>X</b> No
	9. Name and Address of Current	Registered Agent		81 Name	10. N	ame and Address of New	Registered A	gent	
pne	SOW, VLADIMIR W.				OSSOW.	. Vladimir W.			
	TAMPA AVE W		(	82 Street	Address (P.O	. Vladimir W. Box Number is Not Accepta	able)		
STE					221 W.	Venice Ave.			
			ļ	83					ł
AEIAN	CE FL 34285			84 City				85 Zip C	ode
	•	_	_/	1/ 1	/enice		<u>FL</u>	342	
11. Pursuant t	o the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the at	ove-named	corporation s	ubmits this statement for the	purpose of c	:hanging its : tment as rec	registered distered
agent. I ar	egistered agent, or both, in the State of namiliar with, and accept the obligation	ons of, Section 607.0505 Flo	rjoa Stati	tes.	7	,	P   P.		,
	Vladimir W. Ross	ow ////		- (	preside	ear)	4/16/9		[
	Signature, typed or printed name of registered agent a	and title if applicable. (NO/E	<del>/</del>	Agent signature	required when reins	sidul(N)			
12	OFFICERS AND		13.		AD	DITIONS/CHANGES TO OF	FICERS ANI	DIRECTO Change	RS IN 12
TITLE	P	☐ DELETE	1.1 ™		P			Criange	[] Addition
NAME ]	ROSSOW, VLADIMIR W		1.2 NA			v, Vladimir W	•		j
STREET ADDRESS	310 BLUEBELL ROAD		1.3 ST	REET ADDRESS	221 W.	. Venice Ave.	,Venio	ce,FL3	34285
CITY-ST-ZIP	VENICE FL 34293			ry-ST-ZIP					7 Addition
TITLE	VP	☐ DELETE	2.1 TIT		VP	D (1 )		☐ Change	
NAME	ROSSOW, DOROTHY M.		2.2 NA	ME		v, Dorothy M.			
STREET ADDRESS	238B TAMPA AVE W STE 21A		2.3 ST	REET ADDRESS		. Venice Ave.			-
CITY-ST-ZIP	VENICE FL 34285			TY-ST-ZIP	Venice	e, FL 34285			
TITLE		☐ DELETE	3.1 111	TE 💝		• ·		Change	Addition
NAME			3.2 NA	ME	ļ				ļ
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CITY-ST-ZIP			_	TY-ST-ZIP	<u> </u>				
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NAME			4. 2 N	AME.	<b>{</b>				1
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STREET ADDRESS			5.3 ST	REET ADDRESS			•		
CITY-ST-ZIP				TY-ST-ZIP					
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NAME	•		6.2 NA	WE				٠.	
STREET ADDRESS	a see and		6.3 ST	REET ADDRESS	:				}
37 37	V 10 V 2		64 CF	TV. ST. 7IP	ļ				Į.

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 supplied 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 acciver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or appears in with an address, with all other like empowered.

**SIGNATURE:** 

4/16/99

941-486-1386