## 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** 

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90030 031 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 06/02/1997

| DOCUMENT #        | P97000048975 |
|-------------------|--------------|
| 4 Camprotion Name |              |

BLANK LINES, INC.

Principal Place of Business

17975 NW 60TH PLACE MIAMI FL 33015

Mailing Address

17975 NW 60TH PLACE

MIAMI FL 33015

4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0330254 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zin Country This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLANK, MARCIA Street Address (P.O. Box Number is Not Acceptable) 82 17975 NW 60TH PLACE **MIAMI FL 33015** 83 City 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. Paszer araa SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. [3 Change ☐ Addition ☐ DELETE 11TT F TITLE BLANK, MARCIA 1.2 NAME NAME 17975 NW 60TH PLACE 1.3 STREET ADDRESS STREET ADORES **MIAMI FL 33015** CITY-ST-Z/P 1.4 CITY-\$T-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIF DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME. 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

STREET ADDRESS

CITY-ST-ZIP

CR2E034