PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073582

1. Corporation Name

BLASLAND CONSULTING SERVICES, INC.

					 	(01) 1 01 80 00 00 00		i lähit iidi itti
Principal Place	e of Business	Mailing Address					•	
333 W CAMINO GARDENS BLVD 333 W CAMINO GARDENS BLV			ENS BLVD					
SUITE 203		SUITE 203		DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33432 BOCA RATON FL 3		BOCA RATON FL 3343	1 32		3. Date Incorporated or Qualifed			
					08/25/1997	or Quanto		Į
		la salina Addison			4. FEI Number		Ι Δ,	oplied For
2. Principal Pl	lace of Business	2a. Mailing Address			I '			ot Applicable
21		26			65-0776062			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		equired
22	<u> </u>	27						
City & State	9	City & State	* * *	_	6. Election Campa			May Be
23		28		_	Trust Fund Con			to Fees
Zip	Country	Zip	Cou	ntry	1 '	owes the current year Int	angible Surves	□No
24	25	29	30		Personal Proper	. 		
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Add	ress of New Registered	Agent	
A MAJE	TOLEY MEN			81 Name				
MINERLEY, KEN		5 00E		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	NORTH FEDERAL HIGHWAY SUIT	E 200						
BOC	A RATON FL 33432			83	*			
				84 City			85 Zip	Code
				City		FL		554.5
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutee, the a	ove-named cor	rporation submits this sta	tement for the purpose of	changing its	s registered
office or re	egistered agent, or both, in the State on familiar with, and agreem the obligation	Floride Such change Wa	as authorized Florida Stati	by the corporat	tion's board of directors.	I hereby accept the appoi	ntment as re	egistered
agent, i ai	m ramiliar with, and agreeme congain	0115-01, 360-4011 007.0303,	, I IOIIGG GLGL	itos.				
\				•				
SIGNATURE	Storature, typed or printed name of registered agent	\times		·		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title happlicable. (h		·	ired when reinstating)	4		
SIGNATURE	OFFICERS AND	and title happlicable. (h	NOTE: Registered	Agent signature requi	ired when reinstating)	DATE		
SIGNATURE 12. TITLE	OFFICERS AND	and title happlicable. (P	NOTE: Registered	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND PST BLASLAND, WARREN V JR	and title happlicable. (P	NOTE: Registered 13. E 1.1 TT 1.2 N ²	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title happlicable. (P	NOTE: Registered 13. 1.1 TT 1.2 No. 1.3 ST	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PST BLASLAND, WARREN V JR	and the happlicable. (N	NOTE: Registered 1.3. 1.1 TT 1.2 NA 1.3 ST 1.4 CF	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title happlicable. (P	NOTE: Registered 13. E 1.1 TT 1.2 No 1.3 ST 1.4 Cf E 2.1 Tf	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and the happlicable. (N	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT E 2.1 TT 2.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 1.3 ST 1.4 CT 2.4 NA 1.4 NA 1	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and the happlicable. (N	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT E 2.1 TT 2.2 NA 2.3 ST	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title Repplicable. (ADD DIRECTORS DELETE	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT E 2.1 TT 2.2 NA 2.3 ST 2.4 C	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and the happlicable. (N	13. E 1.1 TΓ 1.2 NA 1.3 ST 1.4 CΓ E 2.1 TΓ 2.2 NA 2.3 ST 2.4 C E 3.1 TΓ	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title Repplicable. (ADD DIRECTORS DELETE	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT E 2.1 TT 2.2 NA 2.3 ST 2.4 C	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title Repplicable. (ADD DIRECTORS DELETE	13. E 1.1 Tr 1.2 NA 1.3 ST 1.4 Cr E 2.1 Tr 2.2 NA 2.3 ST 2.4 C E 3.1 Tr 3.2 NA	Agent signature requi	ired when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title Repplicable. (ADD DIRECTORS DELETE	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST	Agent signature requi	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	and title Repplicable. (ADD DIRECTORS DELETE	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.2 NA 2.3 ST 2.4 C E 3.1 TT 3.2 NA 3.3 ST 3.4 C	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ired when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	And title Napplicable. (ADD DELETE	13. E 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.2 NA 2.3 ST 2.4 C E 3.1 TT 3.2 NA 3.3 ST 3.4 C	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	And title Napplicable. (ADD DELETE	13. E 1.1 TT 12 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD	And title Napplicable. (ADD DELETE	13. E 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C E 3.1 TT 3.2 N/ 3.3 ST 3.4 C E 4.1 TT 4.2 N 4.3 ST	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD BOCA RATON FL 33431	And title Napplicable. (ADD DELETE	13. E 1.1 TT 12 N 1.3 ST 1.4 Cf E 2.1 TT 22 N 2.3 ST 2.4 C E 3.1 TT 32 N 3.3 ST 3.4 C E 4.1 TT 4.2 N 4.3 ST 4.4 Cf	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD BOCA RATON FL 33431	and the Napplicable. (NO DIRECTORS DELETE	13. E 1.1 TT 12 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 . C E 4.1 TT 4.2 N 4.3 ST 4.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD BOCA RATON FL 33431	and the Napplicable. (NO DIRECTORS DELETE	13. E 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C E 3.1 TT 3.2 N/ 3.3 ST 3.4 C E 4.1 TT 4.2 N 4.3 ST 4.4 CF E 5.1 TT 5.2 N/	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD BOCA RATON FL 33431	and the Napplicable. (NO DIRECTORS DELETE	13. E 1.1 TT 12 N 1.3 ST 1.4 CF E 2.1 TT 22 N 2.3 ST 2.4 C E 3.1 TT 3.2 N 3.3 ST 3.4 C E 4.1 TT 4.2 N 4.3 ST 4.4 CF E 5.1 TT 5.2 N 5.3 ST	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST BLASLAND, WARREN V JR 2667 N OCEAN BLVD BOCA RATON FL 33431	and the Napplicable. (NO DIRECTORS DELETE	13. E 1.1 TT 12 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST 2.4 C E 3.1 TT 3.2 N 3.3 ST 3.4 C E 4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N 5.3 ST 5.4 CT	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	ired when reinstating)	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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, with all other like empowered.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90074 040 ***150.00