


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90183 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																			
DOCUMENT # P97000087572																							
1. Corporation Name B & L HEAVENLY BODIES, INC.																							
Principal Place of Business 8435 AFTON LANE PORT RICHEY FL 34668			Mailing Address 8435 AFTON LANE PORT RICHEY FL 34668																				
DO NOT WRITE IN THIS SPACE																							
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29						3. Date Incorporated or Qualified 10/10/1997											
4. FEI Number 59-3479245						Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required																	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>						\$5.00 May Be Added to Fees																	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134						10. Name and Address of New Registered Agent 81 Name LINDA MCKNIGHT 82 Street Address (P.O. Box Numbers Not Acceptable) 8435 AFTON LANE 83 84 City Port Richey, FL 85 Zip Code 34668																	
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: <i>Linda W. McKnight</i> (NOTE: Registered Agent signature required when reinstating) DATE:																							
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
TITLE PD <input type="checkbox"/> DELETE NAME CARR, WILLIAM STREET ADDRESS 8435 AFTON LANE CITY-ST-ZIP PORT RICHEY FL 34668												1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP											
TITLE STD <input type="checkbox"/> DELETE NAME MCKNIGHT, LINDA W STREET ADDRESS 8435 AFTON LANE CITY-ST-ZIP PORT RICHEY FL 34668												2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP											
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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(1)(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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Linda W. McKnight* 5/8/99 (727) 845-5229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)