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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094492 (0)

BLUESTORM INTERNATIONAL, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I 1400100£1 140	IDIKI FODIF GOIH GELIL	DOTAL DOLLO FOLI	it Brain Dibio fa	JIIO IIEI FOOT
80 EMERALD SATELLITE B	COURT EACH FL 32937	BO EMERALD COURT SATELLITE BEACH FL 32937				DO NOT MEDI	FC 181 T) 110 C	20405		
						3. Date Incorpor	DO NOT WRIT		PACE	
						11/03/199				
2 Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	21		- Ar	pplied For
21	1400 01 000311000	26	30,000			APPLIED	FAR			ot Applicable
Suite, Apt.	#, etc	Suite, Apt	#, etc.			1				Additional
27						5. Certificate of	Status Desired	Ц	Fee Re	equired
City & State Ci			ity & State			6. Election Camp	paign Financing		\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·		•	Trust Fund Co	ontribution		Added	to Fees
Zip	Country	Zip	ļ	Country	'	8. This corporati				
24	25 9. Name and Address of Currer	29	30	<u> </u>		10. Name and A	erty Tax due Jur			No
		it negistered Ager		81	Name	10, Name and A	uuless of New F	iogistorou z	-your	
ADAMS, ROBERT A					, ,,,,,,,,,,					
80 EMERALD COURT					Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SA	ITELLITE BEACH FL 32937			83	<u> </u>					
										
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, FI	orida Statutes,	the abov	e-named corp	poration submits this	statement for the	purpose of	changing i	ts registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida Such of	hange was auth	orized b	y the corporat	tion's board of director	ors. I hereby acc	ept the app	ointment as	registered
SIGNATURE										
SIGNATORE	Signature, typed or printed hame of registered age		(NOTE: Re	gistered Ag	eni signature requi	red when reinstating)		DATE		
12.		D DIRECTORS	L DEL CES	13.		ADDITIONS/CH	HANGES TO OFF	ICERS AND	DIRECTOR Change	
TITLE	DPST	L	DELETE	1.1 TITLE					unange	☐ Addition
NAME	ADAMS, ROBERT A			1.2 NAME						1
STREET ADDRESS	80 EMERALD COURT	,			ADDRESS					
CITY-ST-ZIP TITLE	SATELLITE BEACH FL 32937		DELETE	1.4 CITY-1 2.1 TITLE	ST-ZIP				☐ Change	Addition
NAME		_	Occie	2.2 NAME]					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				2. 4 CITY-						
TITLE		Ľ	DELETE	31 TITLE	·· -"				Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP			DECEME	4.4 CITY-	ST-ZIP				Ohanii	
TITLE		L	DELETE	5.1 TITLE					☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			DELETE	5.4 CITY -: 6.1 TITLE	S1-ZIP				Change	Addition
TITLE		Ļ	J DELEVE	6.2 NAME					Onlingo	
NAME OTREET ADDRESS					T ADDRESS					
STREET ADDRESS				6.4 City	1					

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.