ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P9700094878

Country

9. Name and Address of Current Registered Agent

BLITZ TECH, INC.

'rincipal Place of Business				
70 NW 185 WAY				
MRROKE PINES EL 33029				

Principal Place of Business

Suite, Apt. #, etc.

BLITZ, RON

2070 NW 185 WAY

PEMBROKE PINES FL 33029

City & State

Zip

Mailing Address

2070 NW 185 WAY

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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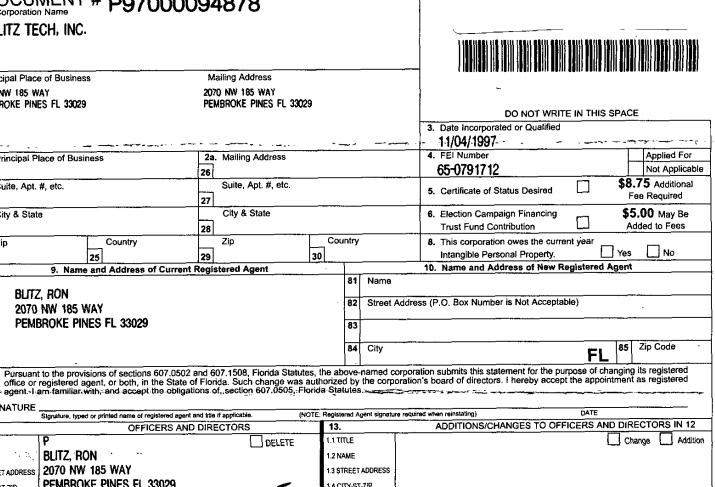
29

Zip

PEMBROKE PINES FL 33029

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90021 012 ***550.00



ONIATURE		-	
GNATURE	Signature, typed or printed name of registered agent and tritle if applicable.	(NOTE: Registered Agent signature	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E	P DELETE	1.1 TITLE	Change Addition
ι ε	BLITZ, RON	1.2 NAME	
EET ADDRESS	2070 NW 185 WAY	1.3 STREET ADDRESS	1
r-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	
E	V DELETE	2.1 TITLE	Change Addition
E	BLITZ, LORI	2.2 NAME	
EET ADDRESS	2070 NW 185 WAY	2.3 STREET ADDRESS	
-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
E	DELETE	3.1 TITLE	Change Addition
iE .		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E	DELETE	4.1 TITLE	Change Addition
Æ		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
(-ST-ZIP		4.4 CITY-ST-ZIP	
E	DELETE	5.1 TITLE	Change Addition
ΙE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
/-ST-ZIP		5.4 CITY-ST-ZIP	
.E	DELETE	6.1 TITLE	Change Addition
1E		6.2 NAME	
EET AODRESS		6.3 STREET ADDRESS	
STATIO	The first the state of the state of the state of	6.4 CITY-ST-ZIP	

Country

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84 City

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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 regiver 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 archment with as

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR