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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-12-1999 90017 003 \*\*\*150.00

DOCUMENT # P97000108181

1. Corporation Name

BLUE PEARL CORPORATION

Principal Place of Business

~~6800 WOODLAKE DR. NE UNIT 202~~  
~~PALM BAY FL 32905~~

Mailing Address

~~6800 WOODLAKE DR. NE UNIT 202~~  
~~PALM BAY FL 32905~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3498983

Applied For

Not Applicable

2. Principal Place of Business

21 131 HAVEN DRIVE

Suite, Apt. #, etc.

22

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

23 WEST MELBOURNE, FL

Zip

Country

24 32904-4939 25 USA

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARKEL, PHILIP A

~~6800 WOODLAKE DR. NE UNIT 202~~  
~~PALM BAY FL 32905~~

10. Name and Address of New Registered Agent

81

Name

PHILIP A. MARKEL

82

Street Address (P.O. Box Number is Not Acceptable)

131 HAVEN DRIVE

83

84

City

WEST MELBOURNE

FL

85 Zip Code

32904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MARKEL, PHILIP A  
STREET ADDRESS 6800 WOODLAKE DR. NE UNIT 202  
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DIRECTOR  
1.3 STREET ADDRESS MARKEL, PHILIP A  
1.4 CITY-ST-ZIP 131 HAVEN DRIVE  
WEST MELBOURNE, FL 32904-4939

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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(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.

SIGNATURE:

*PHILIP A. MARKEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

407-624-2000

Daytime Phone #

0118689

CR2E034 (11/98)