PROFIT
CORPORATION
ANNUAL REPORT
1999



Mailing Address

12635 NORTH AIA

VERO BEACH FL 32963

## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000061473

1. Corporation Name

Principal Place of Business

12635 NORTH AIA

VERO BEACH FL 32963

BLUEWATER SERVICES, INC.

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90019 019 \*\*\*150.00

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							opporated or Qualifed	1			
						07/13/					
2. Principal	Place of Business	2a. Ma	ling Address			4. FEI Num	ber or all	Qi	$\sqcup$	Applied For	
21		26					~35217	<u> </u>		Not Applicable	
Suite, Apl	l. #, etc.	Suit	Suite, Apt. #, etc.				of Status Desired	מ	<b>,</b> -	5 Additional Required	
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23		28	<del></del>	۰ مید		Trust Fur	d Contribution		Add	ed to Fees	
Zip	Country	Zip		Count	ry	8. This corp	oration owes the cur	rrent year in	tangible		
24							Personal Property Tax. Yes No				
	9. Name and Address of Curr	eni Registere	d Agent			10. Name at	nd Address of New	Registered	Agent		
				}.8	1 Name	HARDUD	T. C.	RDNER	· w		
AMERILAWYER				8	2 Street Ad	1 ****	umber is Not Accept		بوتسرد		
343 ALMERIA AVENUE			ļ°		-6635	N.AIA	wane)				
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11. Pursuan	Lto the provisions of Sections 607.0	502 and 607 1	508. Florida Statute	s, the abo	ve-named co	rnoration culturite	this statement for the	numase of	changing	its redistered	
office or	registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. S	uch change was au	thorized b	y the corpora	ation's board of din	ectors. I hereby acce	pt the appoi	intmenīl as	registered	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fronds Statutes, I humber certify that the income indicated on this angual 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 inustee 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 eq an attachment with an address, with all other like empowered.

SIGNATURE

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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