2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: •

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P99000004140 1. Entity Name 04-26-2004 90436 002 \*\*\*150.00 D. F. BLAZER SALES & WAREHOUSE, INC. Principal Place of Business Mailing Address 3975 SW 58 ST FORT LAUDERDALE FL 33312 3125 J P CURCI STREET . KELSEY GROUP BLDG 1-B BAY 6 PEMBROKE PARK FL 33009 2. Principal Place of Business 3. Mailing Address CR2E034 (11/03) MOORE Applied For 4. FEI Number 65-0883300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME BLAZER, DIANE F 3125 J.P. CURCI DRIVE BLDG 1B-BAY 6 PEMBROKE PARK FL 33009 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ; Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE TITLE Change Addition Delete NAME BLAZER, DIANE F NAME STREET ADDRESS 3975 D W 58 ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition | TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby 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 report or supplemental 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 10 or Block 11 if

FILED