05-07-1999 90052 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S04465**

1. Corporation Name

BLUE LAGOON MANAGEMENT INC.

						
Principal Place	e of Business	Mailing Address				
P.O. BOX 1114		P.O. BOX 11149				
FT. LAUDERDALE FL 33339 FT. LAUDERDALE FL 33339				DO NOT WIPI	TE IN THIS SPACE	
				3. Date Incorporated or Qualifed	TE IN THIS STACE	
				10/03/1990		ļ
2 Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Apr	olied For
21	-	26		59-1641735	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_ \$8.75 A	dditional
22	·	27		5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 /	May Be
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible	
24	25	29 3	10	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name	GEORGE CHAR	HAIDN -	5 R.
CHAMPION, GEORGE, JR.			82 Street Ad	dress (P.O. Box Number is Not Accepta	able) 4	
4131 N.E. 34TH AVE.			1	OI ATLANTIC	· 1/2d,	
FT. LAUDERDALE-FL 33308			83	-	•	
	,		84 City		85 Za G	ade a s
				Ly LARGO	- FL / 3 3	3037
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named co	poration submits this statement for the	purpose of changing its	registered
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Flonda. Such change was aut lations of, Section 607.0505, Florid	norized by the corpora la Statues.	tion's board of directors. I hereby accep	n the appointment as reg	gistered • •
SIGNATURE	- / E.A.R. CUAA	DO: ON SA.		TRESIDENT APP	.6/2,149	19
SIGNATORE	Signature, typed or panted name of registered ag	ent and title if applicable. (NOTE: A	legiste to Agent signature requ	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
TITLE	D	☐ DELETÉ	1,1 TITLE		Change	☐ Addition
NAME	CHAMPION, GEORGE, JR.		1.2 NAME			
STREET ADDRESS			4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.3 STREET ADDRESS			
TITLE			1.4 CITY-ST-ZIP			
NAME	1	☐ DELETE			☐ Change	☐ Addition
		☐ DELETE	1.4 CITY-ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME			
		☐ DELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addition
CITY-ST-ZIP			1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
CITY-ST-ZIP			1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE			
CITY-ST-ZIP TITLE NAME		☐ OELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE 3.2 NAME		[] Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ OELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		[] Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ OELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CFTY-ST-ZIP 4.1 TITLE		[] Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ OELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CFTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CFTY-ST-ZIP 4.1 TITLE 4.2 NAME		[] Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ OELETE	1.4 CFTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		[] Change	☐ Addition

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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

aytime Phone #

Change

☐ Addition