

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40300 (3)

1. Corporation Name

THE BLUE RIBBON GROUP, INC.



Principal Place of Business

Mailing Address

~~3367 W. VINE ST.~~
~~SUN TOWER, STE. 203~~
~~KISSIMMEE FL 34741~~

3383 W. VINE ST.
#307
KISSIMMEE, FL 34741

~~3367 W. VINE ST.~~
~~SUN TOWER, STE. 203~~
~~KISSIMMEE FL 34741~~

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

21 3383 W. VINE ST.

Suite, Apt. #, etc.

22 SUN TOWER STE 307

City & State

23 KISSIMMEE, FL 34741

Zip

24 34741

Country

25 OSCEOLA

2a. Mailing Address

26 3383 W. VINE ST.

Suite, Apt. #, etc.

27 SUN TOWER STE 307

City & State

28 KISSIMMEE, FL 34741

Zip

29 34741

Country

30 OSCEOLA

4. FEI Number

59-3061954

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MACAGNONE, FRANK P. JR.

~~3367 W. VINE ST. #203~~
KISSIMMEE FL 34741

3383 W. VINE ST. #307
KISSIMMEE, FL 34741

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, Sect on 607.0505, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent's signature is required when not on file)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MACAGNONE JR., FRANK P.
~~3367 W. VINE ST. #203~~ 3383 W. VINE ST. #307
KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
MACAGNONE SR., FRANK P.
~~3367 WEST VINE STREET, SUITE 203~~ 3383 W. VINE
#307
KISSIMMEE FL KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Frank P. Macagnone Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK P. MACAGNONE JR

7/25/96 (407) 933-8588

CR2E034 (3/96)