FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PAID AND FILED

CORPORATION ANNUAL REPORT **1995**

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

'95 APR 21 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S70113** **(3)**

1. Corporation Name
SUBIES BLANDINGS, INC.

Principal Place of Business	Mailing Address
340 BLANDINGS BLVD JACKSONVILLE FL 32073 US	413 POINCIANA DR. HALLANDALELE FL 33009-4537

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1991	3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0282967	☐ 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: HALLANDALE
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI
1451 W CYPRESS CRK RD
STE 300
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

31 Name: BARTSOCAS KIKI
32 Street Address (P.O. Box Number is Not Acceptable): 3600 W. COMMERCIAL BLVD SUITE 214
33: FT. LAUDERDALE FL
34 City: FL 35 Zip Code: 33309

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] KIKI BARTSOCAS 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	11 TITLE		☐ Change ☐ Addition
NAME	BARTSOCAS, KIKI	12 NAME		
STREET ADDRESS	413 POINCIANA DR.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	BARTSOCAS, GUS	22 NAME		
STREET ADDRESS	413 POINCIANA DR.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE		☐ Change ☐ Addition
NAME	BARTSOCAS, PERRY	32 NAME		
STREET ADDRESS	413 POINCIANA DR.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	DVP	41 TITLE		☒ Change ☐ Addition
NAME	CANELLES, JIM	42 NAME	CANELLES, JIM (DELETE)	
STREET ADDRESS	6384 BAYMEADOWS RD. #11B	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] KIKI BARTSOCAS 4/20/95 (305)485-5110
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078653 CP