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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
SUBIES BLANDINGS, INC.

Principal Place of Business
3600 W COMMERICAL BLVD
SUITE 214
FT LAUDERDALE FL 32256
US

Mailing Address
413 POINCIANA DR.
HALLANDALE FL 33009-6537
US

3. Date Incorporated or Qualified: **07/29/1991**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 8384 BAYMEADOWS RD
Suite, Apt. #, etc.
22 # 11B
City & State
23 JACKSONVILLE FL
Zip 24 32256 Country 25 USA

2a. Mailing Address
26 501 GOLDEN ISLES
Suite, Apt. #, etc.
27 #206C
City & State
28 HALLANDALE FL
Zip 29 33009 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BARTSOCAS, KIKI
3600 W COMMERCIAL BOULEVARD
SUITE 214
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 501 GOLDEN ISLES DR
83 #206C
84 City HALLANDALE FL 85 Zip Code 33009

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	BARTSOCAS, KIKI	
STREET ADDRESS	413 POINCIANA DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	BARTSOCAS, GUS	
STREET ADDRESS	413 POINCIANA DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	☐ DELETE
NAME	BARTSOCAS, PERRY	
STREET ADDRESS	8384 BAYMEADOWS RD #11B	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	☐ DELETE
NAME	BARTSOCAS, JOHN	
STREET ADDRESS	8355 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____ 5/7/97 (954)456-3131

CR2E034 (9/96)