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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	Mailing Address
3600 W COMMERICAL BLVD SUITE 214 FT. LAUDERDALE FL 32256 US	413 POINCIANA DR. HALLANDALE FL 33009-6537 US

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

2. Principal Place of Business	2a. Mailing Address
21 8384 BAYMEADOWS RD	26 501 GOLDEN ISLES
22 Suite, Apt. #, etc. # 11B	27 Suite, Apt. #, etc. #206C
23 City & State JACKSONVILLE FL	28 City & State HALLANDALE FL
24 Zip 32256 25 Country USA	29 Zip 33009 30 Country

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 #206 C

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARTSOCAS, KIKI		1.2 NAME	
STREET ADDRESS	413 POINCIANA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARTSOCAS, GUS		2.2 NAME	
STREET ADDRESS	413 POINCIANA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARTSOCAS, PERRY		3.2 NAME	
STREET ADDRESS	8384 BAYMEADOWS RD #11B		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARTSOCAS, JOHN		4.2 NAME	
STREET ADDRESS	8355 BAYMEADOWS RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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