

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:26

DOCUMENT # S81183 (3)
1. Corporation Name
BLUEWATER CREATIONS, INC.

Principal Place of Business
**540 NE 4TH ST
FT LAUDERDALE FL 33301**

Mailing Address
**540 NE 4TH ST
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1991

3a. Date of Last Report
02/23/1994

4. FEI Number
65-0282248

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
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**STEPHENS JR, JOHN E.
540 NE 4TH ST
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and then applicable)

(NOTE: This printed Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANNER, RAY
STREET ADDRESS	4511 NW 15TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	STEPHENS, JOHN E JR
STREET ADDRESS	540 NE 4TH ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	SILZLY, ALLAN
STREET ADDRESS	5770 NE 27TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and correct, 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, the receiver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Stephens
JOHN E. STEPHENS

1/11/95

Date

305 963 9330

Telephone No.