

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 21 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01062--016
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # V09656 (2)
1. Corporation Name
Blake Investment Corp.

Principal Place of Business	Mailing Address
900 Beach Road Suite 286 Vero Beach, FL 32963	900 Beach Road Suite 286 Vero Beach, FL 32963

3. Date Incorporated or Qualified 1/24/92	3a. Date of Last Report 4/23/94
4. FEI Number 65-0315125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
William W. Caldwell
758 Beachland Blvd.
Vero Beach, FL 32963

10. Name and Address of New Registered Agent

81 Name William J. Blake
82 Street Address (P.O. Box Number is Not Acceptable) 900 Beach Road, Suite 286
83 City & State Vero Beach, FL 32963
84 City Vero Beach
85 Zip Code FL 32963

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] DATE: 5/24/95
Signature required for principal, agent of registered agent and the applicant. (NOTE: Registered Agent signature required when renewal filing.)

12. OFFICERS AND DIRECTORS

TITLE D	NAME William J. Blake
STREET ADDRESS 900 Beach Road, #286	
CITY ST ZIP Indian River Shs., FL 32963	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P	NAME William J. Blake	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS 900 Beach Road, #286		
13 CITY ST ZIP Indian River Shs., FL 32963		
21 TITLE D/S	NAME Patricia R. Blake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 STREET ADDRESS 900 Beach Road, #286		
23 CITY ST ZIP Indian River Shs., FL 32963		
31 TITLE D	NAME W. Scott Blake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 STREET ADDRESS 7860 North Club Circle		
33 CITY ST ZIP Fox Point, WI 53217		
41 TITLE D	NAME Pamela B. Grant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 STREET ADDRESS 7117 N. Barnett Lane		
43 CITY ST ZIP Milwaukee, WI 53217		
51 TITLE D	NAME Timothy Blake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 STREET ADDRESS 8408 Palmerson Drive		
53 CITY ST ZIP Antelope, CA 95843		
61 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 STREET ADDRESS		
63 CITY ST ZIP		
64 TITLE	NAME	
65 STREET ADDRESS		
66 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)(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 person or persons empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature] DATE: 5/24/95 TIME: 4:14-273-22.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR