

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V09656 (2)**  
1. Corporation Name

**BLAKE INVESTMENT CORP.**



Principal Place of Business: **900 BEACH ROAD SUITE 286 VERO BEACH FL 32963**  
Mailing Address: **900 BEACH ROAD SUITE 286 VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **01/24/1992** 3a. Date of Last Report: **06/21/1995**  
4. FEI Number: **65-0315125** 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. Suite, Apt #, etc: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt #, etc: 27. City & State: 28. Zip: 29. Country: 30.

**9. Name and Address of Current Registered Agent**

**BLAKE, WILLIAM J.  
900 BEACH ROAD  
SUITE 286  
VERO BEACH FL 32963**

**10. Name and Address of New Registered Agent**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLAKE, WILLIAM J.	
STREET ADDRESS	900 BEACH ROAD, #286	
CITY-ST-ZIP	INDIAN RIVER SHS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLAKE, PATRICIA R.	
STREET ADDRESS	900 BEACH ROAD, #286	
CITY-ST-ZIP	INDIAN RIVER SHS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKE, W. SCOTT	
STREET ADDRESS	7860 NORTH CLUB CIRCLE	
CITY-ST-ZIP	FOX POINT WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, PAMELA B.	
STREET ADDRESS	7117 N BARNETT LANE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKE, TIMOTHY	
STREET ADDRESS	8408 PALMERSON DRIVE	
CITY-ST-ZIP	ANTELOPE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Grant Pamela B
43 STREET ADDRESS	6209 N Beetley Blvd.
44 CITY-ST-ZIP	Milw, WI 53217
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Blake Timothy
53 STREET ADDRESS	925 E W-ells # 119
54 CITY-ST-ZIP	Milwaukee, WI 53202
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96  
Date

414-272-2200  
Daytime Phone #

CR2E034 (3/96)