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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

BLUE I		RODUCTIONS, IN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Principal Place of Business 945 N. PASADENA SUITE 160		945 N. PASA SUITE 160								
MESA AZ 85	201		MESA AZ 85	201			3. Date incorporated or Qualified 03/03/1992		e of Last Re 08/10/19	
2. Principal Pla	ce of Busine	ess	2a. Mailing Add	ress			4. FEI Number			Applied For
1			26				NOT APPLICABLE			Not Applicable
Suite, Apt. #, etc. City & State 3			Suite, Apt. #	City & State			5. Certificate of Status Desired Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Status Desired Fee Required St.00 May Be Added to Fees			
			City & State							
Zip		Country	Ζιρ		Count		8. This corporation has liability for	r intangible t	ax under s	199.032,
4		25	29		30			s 💢 No		
	9. Name	and Address of Curre	ent Registered Agent			л	10. Name and Address of New	Registered	Agent	
					8	1 Name				
	MILLIAM K				В	2 Street Add	iress (P.O. Box Number is Not Accepta	ible)	· · · · ·	
ANDERSON & ORCOTT, P.A. 401 E. JACKSON STREET, STE. 2400 TAMPA FL 33602						3				
IAMPA	rl 33002				8	4 City		Fi	85 Zij	p Code
or registers	0 th 0 p 0 tho		12 and 6/17 1508. Florid	da Statutes	s, the above	named coroo	pration submits this statement for the pu	urbose of ch	ranging its r	eaisterea onice
familiar witi SIGNATURE	h, and acce	both, in the State of Flo pt the obligations of, Sec	rida. Such change was ction 607.0505, Florida	s authorize i Statutes.	d by the co	rporation's boa	oration submits this statement for the pi and of directors. I hereby accept the ap	urpose of ch pointment as	anging its r s registered	egistered office i agent. I am
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Too nereby ceruty 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

GNATURE:

GNATURE:

JULIAN TURE OR PER TEN AMP OF SIGNING OFFICER OR DIRECTOR.

FOR THE ORDER OF SIGNING OFFICER OR DIRECTOR. PLES EUGENE M. FELKER 5/2/96-60-649-1853