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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #

1. Corporation Name

Principal Place of Equations 28. Mailing Address 28. State 29. Suit, Apt. 4, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 29. State 20. County 5. Certificate of Status Desired \$8.75 Additional Fee Required 29. State 29. County 29. County 29. County 29. County 29. County 29. County 29. Required Agent 29. Priorid Status Desired \$8.00 May Bo Address of Current Registered Agent 29. Priorid Status 29. County 29. Required State 29. Report Sta	Frincipal Place of BLUEPRINT 12 127 N.W BOCA RATO	ENGINES INC.	Mailing Ac BLUEF 12 12:	idress PRINT ENGINES 7 N.W. 13 ST. RATON FL 334							
Suries, April F, etc. Suries, April F, etc. Surie	US		US					3. Date incorporated or Qualified 03/27/1992	3a. Date	10/18/1	995
Selection Status Desired		ce of Business	— ·	Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0325361			
City & State City & State City & State City & State City & State City & State City & State City & State City & Country Zpo Country Zpo Country Zpo Country Zpo City & State City & St	1	, etc.	<u></u> ⊢	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
20				State						\$5.0	0 May Be
Section Sect	Zip	- ·	Zip		—	try		B. This corporation has liability for			
SI Name	<u>'4</u>].		<u></u>		30						
GILBERT, LISAMARIA C. 22313 ENSEMBLA WAY BOCA RATON FL 33433 B2 Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) B3 Stp Code B4 City FL B5 Zip Code B4 City B5 Zip Code B4 City B5 Zip Code B4 City B5 Zip Code		9, Name and Address of Curre	nt Registered A	gent		sa I	Nieron	10. Name and Address of New F	Registered	Agent	
### STREET ADDRESS BOCK RATON FL 33433 ### Only FL 304 Statement for the purpose of changing are registered against, or both, in this State of Fordida Social change was authorized by the corporation submits this statement for the purpose of changing are registered against, or both, in this State of Fordida Social change was authorized by the corporation submits this statement for the purpose of changing are registered against or both, in this State of Fordida Social change was authorized by the corporation submits this statement for the purpose of changing against registered against or both, in this State of Fordida Social change was authorized by the corporation in board of directors. I hereby accept the appointment as registered against a registered ag	CH DED	T LICAMADIA C]*	"	Name				
## Only FL	22313 ENSENADA WAY				[32	Street Addres	Iress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above names corporation submits this statement for the purpose of changing its registered of correspond 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, 1 am familiar ways, and accept the obligations of Section 607.0506. Horido Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE 11. ITITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE 13. SIRECT ADDRESS 14. DIV 51-27P 14. DIV 51-27P 15. BOCA RATON FL 14. DIV 51-27P 15. SIRECT ADDRESS 16. SIRECT A	ROCA	RATUN FL 33433			[8	3					
11. Provisions to the provisions of Socians 607.0502 and 607.1508. Florida Statutes, the above-harmes corporation submits this statement for the purpose of changing as registered of or registered agent, or british, the State of Florida Such change was authorized by the corporation's board of directors. I heretry accept the appointment as registered agent. Provided agent the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Interest of the provisions of social agent in over a registered agent. Provided agent agent. Provided agent a					1	14	City		FI	85 Z¢	Code
MAM. GILBERT, COLIN 12 NAM. 13 ST. 13 STREET ADDRESS SUITE 12 127 N.W. 13 ST. 13 STREET ADDRESS 14 CITY. ST. ZIP	SIGNATURE S	I metime, typed or printed name of registered age	nt and tole if applicable ND DIRECTORS	(NOT)	13.		I signature required w		ICERS AND		
SIREFT ADDRESS SUITE 12 127 N.W. 13TH ST. 22 NAME 23 STREET ADDRESS CITY - ST-ZIP	STHELL ADDRESS	SUITE 12 127 N.W. 13 ST.			1.2 NAM 1.3 STRI	E EET A	1			Onlings	
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NAME	NAMI STREET ADORESS		С	DEFELE	3 1 TITU 3 2 NAM 3 3 STR	E E EET	ADDRESS			Change	Addition
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	THE NAME STREET ADDRESS] DELETE	6 1 TITL 6 2 NAM 6.3 STRE	E E	ADORESS] Change	Addition

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 logal 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 chapted, or on an attachment with an address.

GNATURE: 87: 6 4 407 394:0033. DIECTOR, Chia Gilbort Weter 2-21.96
SIGNING OFFICER OR DIRECTOR
DIECE

SIGNATURE: 27: 64 14

CR2E034 (12/95)