

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V24496** (4)
1. Corporation Name
BLUEPRINT ENGINES, INCORPORATED



Principal Place of Business BLUEPRINT ENGINES INC. 12 127 N.W. 13 ST. BOCA RATON FL 33432 US	Mailing Address BLUEPRINT ENGINES INC. 12 127 N.W. 13 ST. BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 820 S.E. 5th AVENUE Suite, Apt. #, etc. 22 City & State 23 DELRAY BEACH FLORIDA Zip Country 24 33483 U.S.A		2a. Mailing Address 26 820 S.E. 5th AVENUE Suite, Apt. #, etc. 27 City & State 28 DELRAY BEACH FLORIDA Zip Country 29 33483 U.S.A		3. Date Incorporated or Qualified 03/27/1992	4. FEI Number 65-0325361 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**GILBERT, LISAMARIA C.
22313 ENSENADA WAY
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name LISAMARIA C. GILBERT - HUURMAN
82 Street Address (P.O. Box Number is Not Acceptable) 820 S.E. 5th AVENUE
83
84 City DELRAY BEACH
85 Zip Code FL 33483

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBERT, COLIN		1.2 NAME COLIN GILBERT	
STREET ADDRESS SUITE 12 127 N.W. 13 ST.		1.3 STREET ADDRESS 820 S.E. 5th AVENUE	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP DELRAY BEACH FL. 33483	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBERT, LISAMARIA C.		2.2 NAME LISAMARIA GILBERT-HUURMAN	
STREET ADDRESS SUITE 12 127 N.W. 13TH ST.		2.3 STREET ADDRESS 820 S.E. 5th AVENUE	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP DELRAY BEACH FL. 33483	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham 4/13/98 561-278-5682

CR2E034 (10/97)