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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

	1998	OHI			Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
[.	OCUMENT Corporation Name BLISS CONSTRI		<b>V29625</b> ON, INC.	<b>,</b>		(3)		•			† 	18	(1 1)641 <b>1</b> (1)4	RIONI ONDIN THE	11 <b>0</b> 1011 1001
Principal Place of Business Mailing Address											, (48); 411E(4 1783B 7E1	IN BILLO FIEST EL	II <b>4</b> 747		1) 818)4 1884
50 SW BOCA RATON BLVD. 50 SW BACA RATON BLVD. 201 SUITE 201							LVD.								
BOCA RATON FL 33432					BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE					
U	\$			US	S						3. Date Incorporated	or Qualified			
2.	Principal Place of Busi	ness		2a.	Mailing /	Address					04/20/1992 4. FEI Number	<del></del>		I IA	pplied For
21				26					٠		65-0329895			<del> </del>	ot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status	Desired			Additional
22	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					City & State					& Floation Compaign	Financia			equired
23					28						<ol> <li>Election Campaign Trust Fund Contribution</li> </ol>	_			May Be to Fees
$\subseteq$	Zip	-	Country		Zip		$\vdash$	untry	,		8. This corporation ow			• .	
24	o Name	25 and	Address of Current	Pegist	ered An	ent	30	1			Personal Property T 10, Name and Addres				No
9. Name and Address of Current Registered Agent BLISS, PHILIP E.											IV. Hame and Addres	9 O) 1184 116	- WISTOIGU -	Agur	
399 N.W. 9TH TERRACE								82	Street	Addres	s (P.O. Box Number is f	lot Acceptal	nle)		
BOCA RATON FL 33486								Ĺ	0	7 10401-00	o ( io. box italiabalia)				
								83							
								84	City				FL	<b>85</b> Zip	Code
11	Pursuant to the provis	sions c	Sections 607.0502	7.1508, F	lorida Statu	bove	e-named	corpor	ation submits this staten	nent for the		l I changing i	ts registered		
	office or registered ag agent. I am familiar w	gent, c rith, an	r both, in the State of d accept the obligat	of Florid tions of,	la Such d , Section :	change was 607.0505, F	authorize Iorida Sta	d by	/ the cor s.	poration	ation submits this staten n's board of directors. It	ereby acce	pt the appo	ointment as	registered
	SNATURE														
12		or print	of name of registered agent OFFICERS AND			(NO	TE: Registere	d Age	ni signature	e required	when reinstating) ADDITIONS/CHANG	S TO OFFI	DATE	DIRECTO	RS IN 12
TITI						DELETE	1.1 T	tTLE						Change	Addition
NAJ	,						1.2 N	AME							
	EET ADDRESS 399 N.V						1.3 S	TREET	ADDRESS						
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STREET ADDRESS 399 NW 9TH TERR									ADDRESS						•
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TITL						DELETÉ	6.1 T			<b> </b>				Change	Addition
MAN	ie [						62 N	AME							
STA	EET ADDRESS						6.3 S	TREET	ADDRESS						

SIGNATURE:

14. I hereby certify that the information supplied with his 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 supplied that it 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 receipt of 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 attach yent with an address.

2/20/98

Mar 25 1998 8:00am