

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90016 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29625

1. Corporation Name
BLISS CONSTRUCTION, INC.



Principal Place of Business 50 SW BOCA RATON BLVD. 201 BOCA RATON FL 33432 US	Mailing Address 50 SW BACA RATON BLVD. SUITE 201 BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 04/20/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0329895	
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLISS, PHILIP E. 399 N.W. 9TH TERRACE BOCA RATON FL 33486	
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81 Name MICHAEL H. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable) 112 LANSING ISLAND DRIVE
83
84 City INDIAN HARBOR BEACH
85 Zip Code FL 32937

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VICE PRES	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLISS, PHILIP E.		1.2 NAME BLISS, PHILIP E.	
STREET ADDRESS 399 N.W. 9TH TERR.		1.3 STREET ADDRESS 399 N.W. 9TH TERR	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE VTS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR, PRES, SEC, TREA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLISS, DIANE T		2.2 NAME MICHAEL H. WILLIAMS	
STREET ADDRESS 399 NW 9TH TERR		2.3 STREET ADDRESS 112 LANSING ISLAND DRIVE	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937	
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, with all other like empowered.

SIGNATURE: **X** **PHILIP E. BLISS** **3/18/99** **361-391-0212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MICHAEL H. WILLIAMS** **3-23-99** **407-951-7822**

0338840

—CR2E034 (1/1/99)