

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0067283

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44862** (3)
1. Corporation Name
BLUE MOUNTAIN TRADING CO. INC.

Principal Place of Business

C/O BERNARD M. JAMES
10335 N.W. 31ST COURT
SUNRISE FL 33351

Mailing Address

C/O BERNARD M. JAMES
10335 N.W. 31ST COURT
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/17/1992

4. FEI Number

65-0341821

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SNAGG, ADRIAN H.
251 S. STATE ROAD 7
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800002596658-3

-07/23/98--01072--012

84 City ***550 00 84 74 0000.00

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

TITLE PD
NAME JAMES, BERNARD M.
STREET ADDRESS 10335 NW 31ST CT
CITY-ST-ZIP SUNRISE FL 33251

TITLE VD
NAME JAMES R. KARL
STREET ADDRESS 10335 NW 31ST CT
CITY-ST-ZIP SUNRISE FL 33351

TITLE TD
NAME NELSON, WARREN
STREET ADDRESS 15220 NE 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE DS
NAME JAMES, KAREN
STREET ADDRESS 10335 NW 31ST CT
CITY-ST-ZIP MIAMI FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY/DIRECTOR ☒ Change ☐ Addition
1.2 NAME JAMES, BERNARD M
1.3 STREET ADDRESS 10335 NW 31ST CT
1.4 CITY-ST-ZIP SUNRISE FLA. 33351

2.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
2.2 NAME RANDALL, GERTRUDE M
2.3 STREET ADDRESS 3021 NW 36 AVE #102
2.4 CITY-ST-ZIP LAUDERDALE LAKES FLA. 33311

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition
4.2 NAME JAMES, KAREN
4.3 STREET ADDRESS 10335 NW 31ST CT
4.4 CITY-ST-ZIP SUNRISE FLA. 33351

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

BERNARD JAMES
SECRETARY

7/20/98 (305)470-0112

CR2E034 (5/98)