FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:30

DOCUMENT # V51269 (1)

1. Corporation Name
BLUE EMULATIONS, INC.

Principal Place of Business
618 ARVERN DR
ALTAMONTE SPRING FL 32701
US

Mailing Address
BLUE EMULATIONS INC
618 ARVERN DR
ALTAMONTE SPRING FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3137134 — Applied For / Not Applicable

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

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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FRITTELLI, ROBERT
618 ARVERN DR
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: FRITTELLI, ROBERT
STREET ADDRESS: 618 ARVERN DR
CITY-ST-ZIP: ALTAMONTE SPRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
[ ] Change [ ] Addition (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) ×6

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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert S. Frittelli — 1-10-95 — 407-831-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036021 CP