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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51269 1. Corporation Name

BLUE EMULATIONS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90049 049 ***150.00



Pincipal Place of Business Mailing Address							(8) 8(8) 8(8) <i>8</i>	, 1881 . .	<u> </u>	
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618 ARVERN DR ALTAMONTE SPRINGS FL 32701 82 83 84 City FL 85 Zip Cod 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signiture, hyport or printed name of implicated agent and title ill applicable. MILE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PRINTEELIA, ROBERT 13. SIRRECT ADDRESS GOTY-ST-ZP ALTAMONTE SPRING FL 14. CITY-ST-ZP ITTLE DELETE 21. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIRRECT ADDRESS GOTY-ST-ZP 14. CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS		3. Name and Address of Curren	it registered Agent	81	Name					
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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 registric 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 registric agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Significan, typed or printed name of registered agent and steel if appointable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PRITTELLI, ROBERT 618 ARVERN DR ALTAMONTE SPRING FL 11. CHANGE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 31. TITLE Change (ACTY-ST-ZIP Change CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE Change Change CHANGE CITY-ST-ZIP Change CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE Change Change CHANGE 32. NAME 33. STREET ADDRESS CITY-ST-ZIP Change CHANGE 34. CITY-ST-ZIP ALCTY-ST-ZIP DELETE 31. TITLE Change Change CHANGE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE CHANGE 33. STREET ADDRESS 44. CITY-ST-ZIP ALCTY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 34. CITY-ST-ZIP CHANGE 34. CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 51. TITLE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STR				84	City		- -	յ5 Zip հ	Code	
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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:

407-831-6118