

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H50961 (2)**  
1. Corporation Name  
**BLAQ GOLD ENTERPRISES, INC.**



Principal Place of Business <b>734 N THIRD ST STE 214 PO BOX 491654 LEESBURG FL 34749-8654</b>	Mailing Address <b>734 N THIRD ST STE 214 PO BOX 491654 LEESBURG FL 34749-1654</b>
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3. Date Incorporated or Qualified <b>04/01/1985</b>		3a. Date of Last Report <b>06/12/1996</b>	
2. Principal Place of Business 21 <b>4141 NE 20 AVENUE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4141 NE @) AVENUE</b> Suite, Apt. #, etc.	
22 City & State 23 <b>OCALA, FLORIDA</b>		27 City & State 28 <b>OCALA, FLORIDA</b>	
24 Zip <b>34479</b>		25 Country <b>USA</b>	
29 Zip <b>34479</b>		30 Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GERALD GOLDSTEIN 2918 COCOVIA WAY LEESBURG FL 32801</b>				10. Name and Address of New Registered Agent			
81 Name <b>ANDRE D BLAQUIER</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>4141 NE 20 AVENUE</b>			
83				84 City <b>OCALA</b>			
				85 FL		85 Zip Code <b>34479</b>	

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: *Andre D Blaquier* DATE: **4/16/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>TRICKEL, WILLIAM, JR.</b>		1.2 NAME	<b>BLAQUIER, ANDRE</b>			
STREET ADDRESS	<b>39 W. PINE ST.</b>		1.3 STREET ADDRESS	<b>4141 NE 20 AVENUE</b>			
CITY-ST-ZIP	<b>ORLANDO FL</b>		1.4 CITY-ST-ZIP	<b>OCALA, FL 34479</b>			
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GOLDSTEIN, GERALD</b>		2.2 NAME				
STREET ADDRESS	<b>2918 COCOVIA WAY</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LEESBURG FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GOLDSTEIN, ROBERT</b>		3.2 NAME				
STREET ADDRESS	<b>33210 COVENTRY</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LEESBURG FL</b>		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 do 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: *Andre D Blaquier* **4/16/97** (352)  
**ANDRE D BLAQUIER** President / Director 622-6291

CR2E034 (9/96)