
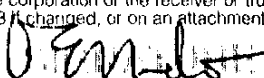


FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000079638 (1)		
1. Corporation Name: BLACKBIRD, INC.		
Principal Place of Business: 4100 W KENNEDY BLVD STE 327 TAMPA FL 33609 US	Mailing Address: P.O. BOX 22301 TAMPA FL 33622-2301	
2. Principal Place of Business: <div style="border: 1px solid black; padding: 2px;"> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country </div>	2a. Mailing Address: <div style="border: 1px solid black; padding: 2px;"> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country </div>	
9. Name and Address of Current Registered Agent		
GIORDANO, JOHN N 220 SOUTH FRANKLIN ST. TAMPA FL 33602		<div style="border: 1px solid black; padding: 2px;"> 81 Name 82 Street Address 83 84 City </div>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE: JOHN N. GIORDANO <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required.)</small>		
12. OFFICERS AND DIRECTORS		
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13.		
	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



CR2E034 (9/96)