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 11:49

DOCUMENT # S60776 (9)

1. Corporation Name
BLANKOR, INC.

Principal Place of Business	Mailing Address
2659 W. OKEECHOBEE ROAD LOT B-19 HIALEAH FL 33010-1066 US	3501 KEYSER AVE VILLA # 37 HOLLYWOOD FL 33021-2402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1991	3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0267885	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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

~~KAPLAN, CHERYL E~~
~~150 WEST FLAGLER STREET~~
~~SUITE 2200, MUSEUM TOWER~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name: KAPLAN, CHERYL, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Boulevard
83: Suite #1130
84 City: Ft. Lauderdale, FL 85 Zip Code: 33394

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	PTSD	61 TITLE	☐ Change ☐ Addition
52 NAME	KAPLAN, BURLEIGH	62 NAME	
53 STREET ADDRESS	3501 KEYSER AVE., VILLA # 37	63 STREET ADDRESS	
54 CITY ST ZIP	HOLLYWOOD FL	64 CITY ST ZIP	
55 TITLE		65 TITLE	☐ Change ☐ Addition
56 NAME		66 NAME	
57 STREET ADDRESS		67 STREET ADDRESS	
58 CITY ST ZIP		68 CITY ST ZIP	
59 TITLE		69 TITLE	☐ Change ☐ Addition
60 NAME		70 NAME	
61 STREET ADDRESS		71 STREET ADDRESS	
62 CITY ST ZIP		72 CITY ST ZIP	
63 TITLE		73 TITLE	☐ Change ☐ Addition
64 NAME		74 NAME	
65 STREET ADDRESS		75 STREET ADDRESS	
66 CITY ST ZIP		76 CITY ST ZIP	
67 TITLE		77 TITLE	☐ Change ☐ Addition
68 NAME		78 NAME	
69 STREET ADDRESS		79 STREET ADDRESS	
70 CITY ST ZIP		80 CITY ST ZIP	

14. I hereby certify that the information supplied with this 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 with an asterisk (*) or is attached with an asterisk.

SIGNATURE: Burleigh KAPLAN, President
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

JAN 07 1995
Date

(305)966-8484
Daytime Phone Number

0003135 CP