SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H50961** **(2)**

1. Corporation Name
BLAQ GOLD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
734 N THIRD ST STE 214 PO BOX 491654 LEESBURG FL 34749-8654	734 N THIRD ST STE 214 PO BOX 491654 LEESBURG FL 34749-8654

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 03/14/1995
4. FEI Number: 59-2520626 ☐ 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
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

9. **Name and Address of Current Registered Agent**

TRICKEL, WILLIAM, JR.
39 W. PINE ST.
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**

81 Name: GERALD GOLDSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 2918 COCOVIA WAY
83
84 City: LEESBURG FL 85 Zip Code: 34748

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 [signature] DATE 6-5-96
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	~~D~~	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~TRICKEL, WILLIAM, JR.~~		1.2 NAME	
STREET ADDRESS	~~39 W. PINE ST.~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~		1.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GERALD		2.2 NAME	
STREET ADDRESS	2918 COCOVIA WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBERG FL		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, ROBERT		3.2 NAME	
STREET ADDRESS	33210 COVENTRY		3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/6/96 (352) 728-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT J. GOLDSTEIN