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May 08 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 # 362401 (2)

1. Corporation Name
WAYNE BLACKWELL AND CO., INC.

Principal Place of Business

7331 N W 7TH ST
MIAMI FL 33126

Mailing Address

7331 N W 7TH ST
MIAMI FL 33126-2804



3. Date Incorporated or Qualified

04/09/1970

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1289909

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

9. Name and Address of Current Registered Agent

BLACKWELL, WAYNE
7331 N.W. 7TH STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, WAYNE	
STREET ADDRESS	7331 N.W. 7TH STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, BARBARA	
STREET ADDRESS	1211 S.W. 28TH STREET	
CITY - ST - ZIP	OCALA FL 32674	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	EMMETT, II, WALKER W.	
STREET ADDRESS	7331 N.W. 7TH STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAFONTISEE, JR., LOUIS	
STREET ADDRESS	3121 COMMODORE PL #301	
CITY - ST - ZIP	COCONUT GROVE FL 33133	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	SCHEUFELE, ELIZABETH S.	
STREET ADDRESS	7331 N.W. 7TH STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKWELL, SAMUEL W.	
STREET ADDRESS	7331 N.W. 7TH STREET	
CITY - ST - ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Comptroller/Asst. Sec.
5.3 STREET ADDRESS	Bazzani, Ricardo J.
5.4 CITY - ST - ZIP	7331 NW 7th Street Miami, FL 33126
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 261-3831

CR2E034 (9/96)