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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 655505 (6) BLACKHAWK KINGS CORP. Principal Place of Business Mailing Address P O BOX 1583 164 LAUREL LANE. P.O. BOX 1583 PONTE VEDRA BCH FL 32082 DO NOT WRITE IN THIS SPACE PONTE VEDRA BCH FL 32082 3. Date Incorporated or Qualified 02/11/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-2856053 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 26 Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHARF, BLANCHE 164 LAUREL LANE 82 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BCH, FL R3 32082 84 City 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 necept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE SCHARF, AARON M NAME 1.2 NAME **164 LAUREL LANE** 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH, FL00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCHARF, BLANCHE 2.2 NAME STREET ADDRESS **184 LAUREL LANE** 2.3 STREET ADDRESS PONTE VEDRA BCH, FL00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1IILE SCHARF, MICHAEL NAME 3.2 NAME 164 LAUREL LANE STREET ADDRESS 3.3 STREET ADDRESS PONTE VEDRA BCH, FL00000 3.4. CITY - ST - ZIP CITY-ST-7IP 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 DELETE Change ___ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 6.1 THTLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an alturnment with an address.

FILED

(904)285-5110

2/14/48