

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F28928

(2)

1. Corporation Name

BLACKWOOD PROPERTIES, INC.

Principal Place of Business

1000 HOLLAND DRIVE
SUITE 2
BOCA RATON FL 33487
US

Mailing Address

1000 HOLLAND DRIVE
SUITE 2
BOCA RATON FL 33487
US

2. Principal Place of Business

2a. Mailing Address

21 394 S.W. 12th AVENUE

26 394 S.W. 12th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 394

27 SUITE 394

City & State

City & State

23 DEERFIELD BEACH, FL.

28 DEERFIELD BEACH, FL.

Zip

Country

24 33442

25 BROWARD

29 33442

30 BROWARD

9. Name and Address of Current Registered Agent

PAYNE, IAN T.
3870 N.W. 4TH AVENUE
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/08/1981

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2110832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PAYNE, IAN T
STREET ADDRESS 3870 N.W. 4TH AVENUE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE SD
NAME PAYNE, BOBBIE A.
STREET ADDRESS 3870 N.W. 4TH AVENUE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (305) 574-0002

Date

Daytime Phone #

CR2E034 (12/95)