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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F2892

(2)

**BLACKWOOD PROPERTIES, INC.** 

FILED
Aug 04 1997 8:00am
Secretary of State

Addition

Principal Place of Business Mailing Address  394 SW 12TH AVENUE 394 SUITE 394 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-3106										
US	ENOTITE SOME	US			3. Date incorporated or Qualified 04/08/1981 3a. Date of Last Repor 04/02/1996			Report		
21 100 .Y	Place of Business OCERN Blod .	2a. Mailing Address 26 101 N. OCEAN BIUD -			4. FEI Number 59-2110832	Applied For Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred				
City & Stat <b>86CF</b> 23	RATON, FL	City & State  28 BOCH RATON, FL			Election Campaign Financing     Trust Fund Contribution			May Be to Fees		
Zip 384		29 38432	30 <b>%</b>	intry U( 1	BeH	-1	Yes Yes	□ No	. 199.032,	
	g. Name and Address of Curren	Registered Agent				10. Name and Address of New F	legistere	d Agent		
	YNE, IAN T			81	Name					
3870 N.W. 4TH AVENUE				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)			
BO	BOCA RATON FL 33431							·		
ļ				83						
					City			<b>85</b> Zip	Code	
44 Dureugnt	to the provisions of Sections 607.0603	and 607 1500 Florida Cta	hiton the et	h 0 10	named sare	protion or broits this statement for the	F		4	
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the section of th	of Florida. Such change wa tions of, Section 607.0505,	as authorized Florida Stat	d by tutes.	the corporati	on's board of directors. I hereby acc	ept the ap	ppointment as	registered	
	Signature, typed or printed name of registered ager			d Agen	t signature require	ad when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD DAVNE IAN T	DELETE	1.1 7(1					Change	☐ Addilion	
NAME	PAYNE, IAN T 3870 N.W. 4TH AVENUE 101	N Macual River	1.2 NA							
STREET ADDRESS					DDRESS					
CITY-ST-ZIP TITLE	BOCA RATON FL 3843 SD	DELETE	1.4 Cf 2.1 Ti	TY-ST-	- 218'			Change	Addition	
NAME	DAVAIT DADDIT A			2.2 NAME				Li Orianije	E ROUIIIUII	
STREET ADDRESS	3070 N.W. 4TH AVENUE 101	N. OCEAN BIUD.	22 07		DDRESS					
CITY-ST-ZIP	BOCA RATON FL 38432	,	2.4 City-SI-ZiP					İ		
TITLE				3.1 TITLE			-	Change	Addition	
NAME			3.2 NA	AME .						
STREET ADDRESS			3.3 ST	REET A	DDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE		☐ DELETE	4.1 10	TLE				Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET A	DDRESS					
CITY-ST-ZIP			4.4 Ci1	TY-ST-	ZIP					
TITLE		DELETE	5.170	ri c				Change	Addition	

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 eath, that I am an officer or director of the corporation or the corporation 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 or an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

7/20/27 (20)20 21/2