

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

**FILED**  
**Aug 04 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 # F28928 (2)**  
 1. Corporation Name  
**BLACKWOOD PROPERTIES, INC.**



Principal Place of Business  
**394 SW 12TH AVENUE SUITE 394 DEERFIELD BEACH FL 33442 US**

Mailing Address  
**394 SW 12TH AVENUE SUITE 394 DEERFIELD BEACH FL 33442-3106 US**

3. Date Incorporated or Qualified **04/08/1981** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business  
 21 **102 N. OCEAN Blvd.**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **BOCA RATON, FL**  
 Zip **33432** Country **FL**

2a. Mailing Address  
 26 **101 N. OCEAN Blvd.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **BOCA RATON, FL**  
 Zip **33432** Country **FL**

4. FEI Number **59-2110832** 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  
**PAYNE, IAN T. 3870 N.W. 4TH AVENUE BOCA RATON FL 33431**

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, IAN T</b>                            | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3870 N.W. 4TH AVENUE 101 N. OCEAN Blvd.</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, BOBBIE A.</b>                        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3870 N.W. 4TH AVENUE 101 N. OCEAN Blvd.</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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

CR2E034 (9/96)