

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 # F86508 (1)

1. Corporation Name
MICHAEL BLACKER, P.A.



Principal Place of Business: **1870 S.BAYSHORE DR. COCONUT GROVE FL 33133**
Mailing Address: **1870 S.BAYSHORE DR. COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified: **06/23/1982**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2279139**
Applied For: 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**BLACKER, MICHAEL
1870 S.BAYSHORE DR.
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PST**
NAME: **BLACKER, MICHAEL**
STREET ADDRESS: **1870 SO. BAYSHORE DR. MIAMI FL**

2. TITLE: **VD**
NAME: **BLACKER, MICHAEL**
STREET ADDRESS: **1870 SO. BAYSHORE DR. MIAMI FL**

3. TITLE: _____
NAME: _____
STREET ADDRESS: _____

4. TITLE: _____
NAME: _____
STREET ADDRESS: _____

5. TITLE: _____
NAME: _____
STREET ADDRESS: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY - ST - ZIP: _____
5. TITLE: _____ Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY - ST - ZIP: _____
9. TITLE: _____ Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY - ST - ZIP: _____
13. TITLE: _____ Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY - ST - ZIP: _____
17. TITLE: _____ Change Addition
18. NAME: _____
19. STREET ADDRESS: _____
20. 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)(g), 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: **Michael Blacker** **MICHAEL BLACKER** **4/28/96** **2850000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)