SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # H50961 (2)BLAQ GOLD ENTERPRISES, INC. Mailing Address Principal Place of Business 734 N THIRD ST STE 214 734 N THIRD ST STE 214 PO BOX 491654 PO BOX 491654 LEESBURG FL 34749-8654 LEESBURG FL 34749-8654 3. Date Incorporated or Qualified 3a. Dale of Last Report 04/01/1985 03/14/1995 2. Principal Place of Business Applied For 2a. Mailing Address 59-2520626 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zıp 210 Florida Statutes Yes 🗶 No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TRICKEL, WILLIAM, JR. GENALO GOLDSTEIN Street Address (P.O. Box Number is Not Acceptable) 39 W. PINE ST. 82 YGIF COCOVIA WAY ORLANDO FL 32801 83 Zip Code 34748 84 City and 607.1508. Fortia Statutes, the above named corporation submits this statement for the purpose of changing its registered Floriga and forting was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or be agent. I am familiar with, article Lorida Statutés SIGNATURE (96/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1.1 TITLE TITLE CR2E034 TRICKEL, WILLIAM, 12 NAME NAME 39 W. PINE-ST. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1 4 CITY - ST - ZIP DITY-ST-ZIP Change Addition DELETE PTD 2.1 THILE TITLE NAME GOLDSTEIN, GERALD 2.2 NAME 2918 COCOVIA WAY STREET ADDRESS 2 3 STREET ADDRESS LEESBERG FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THEE TITLE GOLDSTEIN, ROBERT 3.2 NAME NAME 33210 COVENTRY 3.3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 IIILE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - Z:P CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 64 CITY - ST - ZIP 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address

SIGNATURE:

DEPENDENT VERSION OF SIGNING OFFICER OR DIRECTOR

(352) 128-3000