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Apr 24 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 # H50961

(2)

1. Corporation Name

BLAQ GOLD ENTERPRISES, INC.

Principal Place of Business

734 N THIRD ST STE 214
PO BOX 491654
LEESBURG FL 34749-8654

Mailing Address

734 N THIRD ST STE 214
PO BOX 491654
LEESBURG FL 34749-1654



2. Principal Place of Business
21 4141 NE 20 AVENUE

Suite, Apt. #, etc.

22

City & State

23 OCALA, FLORIDA

Zip

24 34479

Country

25 USA

2a. Mailing Address

26 4141 NE @) AVENUE

Suite, Apt. #, etc.

27

City & State

28 OCALA, FLORIDA

Zip

29 34479

Country

30 USA

3. Date Incorporated or Qualified

04/01/1985

3a. Date of Last Report

06/12/1996

4. FEI Number

59-2520626

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

GERALD GOLDSTEIN
2918 COCOVIA WAY
LEESBURG FL 32801

10. Name and Address of New Registered Agent

81 Name

ANDRE D BLAQUIER

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

4141 NE 20 AVENUE

83

84 City

OCALA

FL

85 Zip Code
34479

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME TRICKEL, WILLIAM, JR.

STREET ADDRESS 39 W. PINE ST.

CITY-ST-ZIP ORLANDO FL

TITLE PTD ☒ DELETE

NAME GOLDSTEIN, GERALD

STREET ADDRESS 2918 COCOVIA WAY

CITY-ST-ZIP LEESBURG FL

TITLE VSD ☒ DELETE

NAME GOLDSTEIN, ROBERT

STREET ADDRESS 33210 COVENTRY

CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☐ Change ☒ Addition

1.2 NAME BLAQUIER, ANDRE

1.3 STREET ADDRESS 4141 NE 20 AVENUE

1.4 CITY-ST-ZIP OCALA, FL 34479

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

ANDRE D BLAQUIER

President / Director 622-6291

CR2E034 (9/96)