

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

FILED

Mar 11 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 # J72941

(4)

1. Corporation Name

KIRSNER-BLACKMAN, INC.

Principal Place of Business

% RONALD K. STERN  
9300 S. DADELAND BLVD. SUITE 209  
MIAMI FL 33156

Mailing Address

% RONALD K. STERN  
9300 S. DADELAND BLVD. SUITE 209  
MIAMI FL 33156-2717

3. Date Incorporated or Qualified  
05/14/1987

3a. Date of Last Report  
03/19/1996

4. FEI Number

59-2837183

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

STERN, RONALD K.  
9300 S. DADELAND BLVD  
SUITE 209  
MIAMI FL 33156

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | KIRSNER, HYMAN      |                                 |
| STREET ADDRESS  | 34 STAR ISLAND      |                                 |
| CITY - ST - ZIP | MIAMI BEACH FL      |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | BLACKMAN, EDWARD    |                                 |
| STREET ADDRESS  | 3624 NW 41ST STREET |                                 |
| CITY - ST - ZIP | MIAMI FL            |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward Blackman* 3/5/97 66-8710

CR2E034 (9/96)