

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 # **K32661 (6)**

1. Corporation Name
WAYNE BLACK & ASSOCIATES, INC.



Principal Place of Business: **1801 WEST AVE. MIAMI BEACH FL 33139**
Mailing Address: **1801 WEST AVE. MIAMI BEACH FL 33139**

2. Principal Place of Business: **1304 SW 160 Ave Suite Apt. #, etc. 649 Ft. Lauderdale, FL 33326 USA**
2a. Mailing Address: **1304 SW 160 Ave Suite Apt. #, etc. 649 Ft. Lauderdale, FL 33326 USA**

3. Date Incorporated or Qualified: **09/08/1988** 3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0071464**
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: **BLACK, WAYNE B. 1801 WEST AVE. MIAMI BEACH FL 33139**
10. Name and Address of New Registered Agent: **BLACK, WAYNE B. 1801 WEST AVE. MIAMI BEACH FL 33139**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	BLACK, WAYNE B.	1.2 NAME	BLACK, WAYNE
STREET ADDRESS	1801 WEST AVE.	1.3 STREET ADDRESS	1304 SW 160 Ave # 649
CITY - ST - ZIP	MIAMI BEACH FL 33139	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: **WAYNE B. BLACK PRES** 1-26-96 954-389-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)