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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 12 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28501

SIGNATURE: Nikolaus Gravestela !!

(9)

BLACKBOX, INC.

Principal Place of Business		Mailing Address		r samirmit dam semat sonat diritt donat tide dibit brott bildt, dibit dibit dibit				
% NIKOLAUS GRAVENSTEIN 7221 NW 18TH AVE GAINESVILLE FL 32805		% NIKOLAUS GRAVENSTEIN 7221 NW 18TH AVE GAINESVILLE FL 32605-3127						
- army tribbe t		And the State of t	W-201		3. Date Incorporated or Qualified			•
					11/15/1989	05/0	1/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For
L Suite, Apt.≢	I oto	Suite, Apt. #, etc.			59-2985253			ot Applicable
	1, 646.	27			5. Certificate of Status Desired			Additional lequired
City & State		City & State	***************************************		6. Election Campaign Financing	***************************************	\$5.00	May Be
		28	<u> </u>		Trust Fund Contribution		Added	to Fees
- Zip]	Country	Zip	Country	,	8. This corporation has liability fo		x under s	s. 199.032,
1	25 9. Name and Address of Currer	[29] nt Registered Agent	30		Florida Statutes 10. Name and Address of New F			
GRA	VENSTEIN, NIKOLAUS		81	Name				
	NW 18TH AVE		82	Street Arto	dress (P.O. Box Number is Not Accepta	ahla)		
GAIN	NESVILLE FL 32605		L		ordes (r.o. box realinder is feet Accepte	abi o /		
			83					
			84	City		po j	85 Zip	Code
1. Pursuant t	n the provisions of Sections 607 060	32 and 607 1508 Florida State	utes the above	a-named cor	rporation submits this statement for the	FL	hancias	to sociotore:
office or re	gistered agent, or both, in the State from familiar with, and accept the oblig	eol Florida. Such channa was	s authorized h	v the cornora	ation's board of directors. I hereby acc	ept the appoir	nanging ntment as	its registered a registered
	n tamiliar with, and accept the oblig	Alions of, Section 607.0303, F	rionua Statiole	S.				
IGNATURE :	Signature, typed or perilus name of registered age	ent and title if applicable (NC	OTE: Registered Ag	eni signature requ	uired when ro-nstating)	DATE		
2.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	IRECTO	RS IN 12
			***************************************	····	ADDITIONS/CHANGES TO OFF		w	
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