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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # L34772

(8)

BLACKJACK MANAGEMENT COMPANY INC.

Principal Place of Business Mailing Address 100ENH-MENDOLIA O/O JOSEPH MENDSLIA 4446 BAHAMA DRIVE SPRING HILL FL 34807 4446 BAHAMA DRIVE SPRING HILL FL 34607-2801 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1989 04/25/1996 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 4054 Show Line Blud Suite, Apt. #, etc. 26 4054 9hoal Line Blyd Suite, Apt. #, etc. 59-2982912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Yes 🗌 No Florida Statutes 10. Name and Address of New Registered Agent CHARNOCK, WILLIAM T. I Probert Mancuso 13135-D SPRING HILL DR 82 SPRING HILL FL 34609 83 84 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 againt or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with any accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Addition DELETE Change TITLE 1.1 BILE MENDOLIA, JOSEPH Propert Mancuso, Jr. NAME 1.2 NAME Show Line Blud. 4446 BAHAMA DRIVE 4054 STREET ADDRESS 1.3 STREET ADORESS SPRING HILL FL CITY-ST-ZIP 1.4 CHY- ST- ZIP Hill FL 34607 DELETE Change 21 IIII TITLE MANCUSO, ROBERT NAME 22 NAME **4508 GULFSTREAM DRIVE** STREET ADDRESS 23 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE Change ___ Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP City-St-7iP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

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 eath; 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 with the corporation or an attachment with an address.