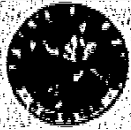


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # L79748 (4)**

1. Corporation Name  
**BLACK SWAN ENTERPRISES, INC.**

Principal Place of Business  
**310 JOHN RINGLING BLVD.  
SARASOTA FL 34236  
US**

Mailing Address  
**310 JOHN RINGLING BLVD.  
SARASOTA FL 34236  
US**

**APPROVED AND FILED**

**95 APR 19 AM 2:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

3. Date Incorporated or Qualified  
**06/08/1990**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0200331**

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**

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**PARKER, THEODORE  
2033 MAIN ST  
SUITE 100  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**B5** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DPT  
HAMILTON, JOSEPH  
310 JOHN RINGLING BLVD  
SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 \_\_\_\_\_ DATE **MARCH 19 95**

Signature, typed or printed name of signing officer or director