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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M15692

(0)

BLACK & ASSOCIATES BUILDERS, INC.

Principal Place of Business Mailing Address \$126 BELVEDERE RD \$126 BELEDERE RD HAVERHUL FL 33415 HAVERHUL FL 33415-1205					T SOUTHER HERD BING BING BING BING BING BING BING BING							
US PL	. (() 		US					3. Date incorporated or Qualified 3a. Date of Last Report 05/22/1985 05/01/1996				
2. Principal Pl			2a. Mailing Address	0	a	F	El Number 59-254516	-	\f		plied For	
21 / 29 2 3 Suite, Apt.		neviow Dews	7 26 /0342 SE Suite, Apt. #, etc.	<u>eu ce</u> r	ves vi					\$8.75	t Applicable	
22	., 0.0		27			6. C	Certificate of St	atus Desired		Fee Re		
City & State	~	1	6. E	6. Election Campaign Financing \$5.00 May Be								
23 7 20 VE	357A.	FIA.	28 TEGUESTA				Trust Fund Contribution Added to Fees					
Zip *	اما	Country	Zip*	30	ntry XSA:	_	his corporatio Iorida Statutes	n has liability for i	intangible t		199.032,	
24 -7340	o Name	and Address of Curre	ent Registered Agent	[30]	AST.			dress of New Re		-		
DIA	CK, DOUG	·····			81 Name			_				
	6 BELVEDE				Bu	KK , [] C	DUGLAS	<i>S</i> :				
		EACH FL 33415			82 Street	Address (P.C), Box Numbe	r is Not Acceptab) 0)- 0			
WES	OI FALM D	EAUTI FL 33415			83	7. J.	CI KIUE	RUIOU U	KILCS		· · · · · · · · · · · · · · · · · · ·	
										.,		
1					84 City	CARROLA			FL	85 Zip (Code	
44 Purcuant	to the provisi	ions of Sections 607 05	02 and 607 1509. Florida Sta	tutes the a	hove-named	corporation	submits this s	latement for the r	ourpose of	changing it	registered	
office or r	egistered ag	ent. or both, in the Stat	02 and 607.1508, Florida Sta le of Florida, Such change wa gations of, Section 607.0505,	as authorize	d by the cor	oration's bo	ard of director	s. I hereby accer	ot the appo	ointment as	registered	
	ım farmılar wi	In, and accept the only	gettons of, Section 507.0505,	>		. Δ	.		1-0	07		
SIGNATURE	Signal typed	or content name of registered as	gent and title if applicable (I	OCULAR.		required when re	einstating)		1-31 DATE	-7/		
12.			ND DIRECTORS	13.		_ AC	DITIONS/CH/	ANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	DP		DELETE	1.1 T	ITLE	DP				Change	Addition	
NAME	BLACK, I	DOUGLAS S.		1.2 N	AME	BLACK.	Doug 4	as S.				
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CITY - ST - ZIP				541	CITY-ST-ZIP							
1 Ulif-51-21	1			3.4 (11 1 1 - O 1 - TIL							

6.2 NAME

6.3 STREET ADDRESS

5 Breek Pers 1-81-97 561-655-6682

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 of Block 13 if changed, or on an attachment with an address.

FILED Feb 10 1997 8:00am Secretary of State

