

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13460** (1)
1. Corporation Name
B.L.K. ASSOCIATES, INC.

Principal Place of Business ~~725 MARKET STREET WILMINGTON DE 19801~~
Mailing Address ~~725 MARKET STREET WILMINGTON DE 19801 US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/04/1987** 3b. Date of Last Report **08/22/1994**

2. Principal Place of Business 21 647 Briarwood Lane Suite, Apt. #, etc.	2a. Mailing Address 26 P O Box 4309 Suite, Apt. #, etc.	4. FEI Number 35-1565298	Applied For Not Applicable
22 City & State Deerfield Beach, FL	27 City & State Deerfield Beach FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33442 25 Country USA	29 Zip 33442 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 1999.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOLFE, LARRY S. 200-A JOHN KNOX RD. TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, W. LEWIS	12 NAME	
STREET ADDRESS	647 BRIARWOOD LANE	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	14 CITY - ST - ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, BARBARA A.	22 NAME	
STREET ADDRESS	647 BRIARWOOD LANE	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, BARBARA A.	32 NAME	
STREET ADDRESS	647 BRIARWOOD LANE	33 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, LORRAINE	42 NAME	
STREET ADDRESS	647 BRIARWOOD LANE	43 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, KARREN	52 NAME	
STREET ADDRESS	647 BRIARWOOD LANE	53 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: W. Lewis Guthrie **WILLIAM LEWIS GUTHRIE** 4/21/95 3054265308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #