## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P13460
1 Corporation Name	

1. Corporation	MENT # P1346	0 (1)				
B.L.K. A	ASSOCIATES, INC.					
Principal Place	e of Business	Mailing Address			I 100 (106) FOI (1000 3)(1) BIOLO ETVIA (	<del>                                   </del>
647 BRIARWOOD LANE DEERFIELD BEACH FL 33442 US		P O BOX 4899— DEERFIELD BEACH FL 33442 US				
					<ol><li>Date Incorporated or Qualified 03/04/1987</li></ol>	i : 3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Act to also		26 647 BRIARWOOD LANE Suite Apt. #, etc.		35-1565298 Not Applicable \$8.75 Additional		
Suite, Apt #, etc		27 <b>%</b>			5. Certificate of Status Desired	Fee Required
City & State	3	City & State	P 1	<u></u>	6. Election Campaign Financing	гт <b>\$5.00</b> Мау Ве
23		28 Deerfield		1-	Trust Fund Contribution	L Added to Fees
Ζιρ	Country 25	<sup>Zip</sup> 33442	Country		This corporation has trability for Fronda Statutes	r intangible tax under s. 199 032, Yes
24	9. Name and Address of Curre		1301		10. Name and Address of New F	
WO	OLFE, LARRY S.		81	Name		
	-A JOHN KNOX RD.		82	Street Add	dress (P.O. Box Number is Not Accepta	able)
TAL	LLAHASSE FL 32303		83	·····		
			83			
			84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607 1508, Florida Statu	ites, the above-	named corp	poration submits this statement for the	purpose of changing its registered
11. Pursuant I office or re agent. I as SIGNATURE	eg stered agent, or both, in the State in familiar with, and accept the oblig	o of Florida. Such change was gations of, Section 607.0505, F	authorized by t lorida Statutes.	the corporati	tion's board of directors. Thereby acco	purpose of changing its registered pt the appointment as registered
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SIGNATURE:

Tourner certify that the information indicated on this annual report of 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

W. Lewis Luthur.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Output Proces.