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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081938 (1)

## FILED Feb 06 1998 8:00am Secretary of State

	BLACK	ROCK SE	EALCOATING	, INC.						) <b>) 1   1   1   1   1   1   1   1   1   1 </b>	<b>a</b> nn <b>a a</b> n an 1 <b>a</b> n		<b>                                    </b>
Principal Place of Business Mailing Address													
9299 B S.W. 5TH ST. 9299 B S.W. 5TH ST.													
BOCA RATON FL 33428 BOCA RATON FL 33428										DO NOT WRIT	E IN THIS S	SPACE	
İ										3. Date Incorporated or Qualified			
ļ										11/22/1993			
2. 1	Principal P	lace of Busin	ness	2a. !	2a. Mailing Address					4. FEI Number		- Ar	oplied For
21	·				26					65-0434974		<u> </u>	ot Applicable
	Suite, Apt. #, etc.				Suite, Apt #, etc.							\$8.75	
22	2				27				<ol><li>Certificate of Status Desired</li></ol>			equired	
	City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
23				28	28				Trust Fund Contribution		Added t		
	Zip		Country		₹ip	Cou	untry			8. This corporation owes or has p	aid the cur	rent year Int	angible
24		25			29 30			Personal Property Tax due					
	Name and Address of Current Registered Agent							10. Name and Address of New Registered				Agent	
	PA	RENTI, THO	DMAS				81 Name						
9265 OLD PINE ROAD							82	Streel	Addres	s (P.O. Box Number is Not Accepta	ble)		
BOCA RATON FL 33428								n.e.					
							83						1
ł							84	City			· · · · · · · · · · · · · · · · · · ·	<b>85</b> Zip (	Code
							1	•			FL		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>								-named	d corpor	ation submits this statement for the	purpose of	changing it	s registered
	agent. La	egistered açı ım familiar w	ith, and accept th	ie obligations of, l	section 607.0505, F	lorida Sta	ia by Iules	the cor L	rporation	is board of directors. Thereby acce	рше арр	Diniment as	registered
6	NATURE												1
Signature typed or priviled name of registered agent and title it applicable (NOTE Registe								nt signatur	required	when reinstating)	DATE		
12.	·		OFFICE	RS AND DIRLCT		13.				ADDITIONS/CHANGES 10 OFFI	CERS AND		
TITLE		P			☐ DELETE	1.1 ()	ITLE		]			Change	Addition
NAME			I, THOMAS			1.2 N							
	9265 OLD PINE ROAD				1.3 9			1.3 STREET ADDRESS					[ ]
	ST-ZIP	ZIP BOCA RATON FL 33428						1.4 CITY - ST - 7IP					<del></del> }
TITLE		V			☐ DELETE	21 Ti	ITL <del>f</del>		1			Change	L. Addition   9
NAME			N, WESLEY	-		2 2 N.	AME						
	TREET ADDRESS 961 S.W. 83RD AVE			E: 00000	238			ADDRESS					ì
	NORTH LAUDERDALE FL 3306			FL 33068				2 4 City - St - 7iP					<del></del>
TITLE		DATE	ADDENIED TO	nn.	☐ DELETE	3.1 T)			1			L] Change	☐ Addition
NAME				טע		3.2 NAME							
STREET ADDRESS 961 S.W. 83RD AVE CITY-ST-ZIP NORTH LAUDERDALE FL 3300			EL 00000	3.3 STREET ADDRESS				1				}	
	ST-ZIP	NUKIH	LAUDERDALE	rl JJUDB	er ere		ITY-S	1 - ZIP	<b> </b>			110	
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NAME						4. 2 N			]				. ]
	T ADDRESS							ADDRESS					
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TITLE	ŀ				☐ DELETE	5.1 1						Change	Addition
NAME	i					1 5.2 N							
	T ADDRESS							ADDRESS					
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TITLE	1					6.1 1						Change	L_J Addition
NAME	ľ	ı				6.2 N/							
	T ADDRESS							ADDRESS					
	ST-ZIP ]	erlify that the	e information son	plied with this filir	u does not qualify t		11Y - \$1		ed in Sc	ction 119 07/3)(i) Florida Statutes	further cer	rtify that the	information

Indicated on this annual proof of cupplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

CICALATURE