

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. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086187 (0)

1. Corporation Name

R&M BLACK, INC.

Principal Place of Business

Mailing Address

4900 SANCTUARY LANE
BOCA RATON FL 33431

4900 SANCTUARY LANE
BOCA RATON FL 33431

6931 QUEENFERRY CIRCLE

BOCA RATON FL 33496-5945

3. Date Incorporated or Qualified

12/16/1993

3a. Date of Last Report

06/07/1995

4. FEI Number

06-1068937

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. ~~BOCA RATON~~

Suite, Apt. #, etc.

22. City & State

23. BOCA RATON FL.

Zip

24. 73496

Country

25. U.S.A

2a. Mailing Address

26. 6931 QUEENFERRY CIRCLE

Suite, Apt. #, etc.

27. City & State

28. BOCA RATON FL.

Zip

29. 33496

Country

30. U.S.A

9. Name and Address of Current Registered Agent

RUTHERFORD, CHARLES E
2101 CORPORATE BLVD., NW
SUITE 400
BOCA RATON FL 33431

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

MAURICE L. SCHWARZ

M. Schwarz

6/11/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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