

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025508 (0)

1. Corporation Name

BLACK TIE INTERNATIONAL, INC.

Principal Place of Business

810 S.W. 80TH ST.
OCALA FL 34474

Mailing Address

810 S.W. 80TH ST.
OCALA FL 34474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

NEW CORPORATION

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3245712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUBIN, DEBRA M
810 S.W. 80TH ST.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

420 S. DIXIE HWY

83 SUITE #4B

84 City

CORAL GABLES FL

85 Zip Code

33146

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

Signature, typed or printed name of registered agent and life if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

PVST
RUBIN, DEBRA M
420 S. DIXIE HWY #4B
CORAL GABLES FL 33146

TITLE
NAME

D
RUBIN, DEBRA M
420 S. DIXIE HWY #4B
CORAL GABLES FL 33146

TITLE
NAME

~~DE VICE PRESIDENT - FINANCIAL~~
J. M. SCHMIOT
810 S.W. 80TH ST.
OCALA, FL. 34474

TITLE
NAME

81 TITLE

TITLE
NAME

82 NAME

TITLE
NAME

83 STREET ADDRESS

TITLE
NAME

84 CITY - ST - ZIP

TITLE
NAME

85 TITLE

TITLE
NAME

86 NAME

TITLE
NAME

87 STREET ADDRESS

TITLE
NAME

88 CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. M. SCHMIOT

3-11-95

Date

Signature of Agent