

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3245712

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

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

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

(If the Registered Agent's name is required, please restate it)

Date

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE  
NAME RUBIN, DEBRA M  
STREET ADDRESS 420 S. DIXIE HWY #4B  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ DELETE  
NAME RUBIN, DEBRA M  
STREET ADDRESS 420 S. DIXIE HWY #4B  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VP ☐ DELETE  
NAME V.M. SCHMIAT  
STREET ADDRESS 810 S.W. 80TH ST.  
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition:  
1.2 NAME 700001818187  
1.3 STREET ADDRESS -05/13/96--01028--040  
1.4 CITY-ST-ZIP \*\*\*200.00

2.1 TITLE ☐ Change ☐ Addition:  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition:  
3.2 NAME VICE PRESIDENT  
3.3 STREET ADDRESS J.M. SCHMIAT  
3.4 CITY-ST-ZIP 810 S.W. 80TH ST. VP-S-D  
OCALA, FL

4.1 TITLE ☐ Change ☐ Addition:  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition:  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition:  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 607, 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

4/29/96

904-237-1870

Date

Daytime Phone #

CR2E034 (12/95)