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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000052609 (2)

DOCUMENT #

1. Corporation Name WILLIAM R. BLACK, P.A.

Principal Place of Business Mailing Address								
540 E. MCNAB RD. STE C POMPANO BEACH FL 33060 US			540 E. MCNAB RD. STE C POMPANO BEACH FL 33060 US					
		POMPANO				3. Date incorporated or Qualified 07/15/1994		f Last Report 5/01/1995
2. Principal Place	of Business	2a. Maling Ao	dress			4. FEI Number		Applied For
		26				65-0526869 Not Applicable S8.75 Additional		
Suite, Apt. #, e	etc.	Suite Apt.	#, etc			5. Certificate of Status Desired		Fee Required
City & State		├ ¬	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ziρ	Country	Zιρ		Country		8. This corporation has liability for	r intangible tax	under s. 199.032,
25		29	[30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	Name and Address of Curr	rent Registered Age	<u>1t</u>	81	Name	10. Name and Address of New	riogistores r	9 0
						ress (P.O. Box Number is Not Accepta	able)	
	William R. ICNAB RD.			82 Street Addr		ress (P.O. Box number is Not Accepta	ibie)	
STE C								
POMPANO BEACH FL 33060			84	City	oration submits this statement for the purpose of changing its registered officiand of directors. I hereby accept the appointment as registered agent. Lam			
12. T:TLE NAME	D BLACK, WILLIAM R		<u>CSW</u> .	13. 1.1 Table 1.2 NAME		ADDITIONS CHANGES TO OF		Change Addition
STREET ADDRESS	1200 N.E. 94TH STREET				CADDRESS			
CITY - ST - ZIP	MIAMI SHORES FL 3313	18	DELETE	1.4 CITY - 1 2.1 TITLE	ST - ZIP] Change Addition
TITLE NAME				2.2 NAME				
STREET ADORESS				23 STREE	T ADDRESS			
CITY-ST-ZIP				2.4 CI1 Y -				Change Addition
TITLE		L.J	DELETE	3 1 THELE 3 2 NAME			Ĺ] c
NAME NAME					I ADDRESS			
STREET ADDRESS CITY-ST-ZIP				3.4 Cl*y -				
TITLE			DELETE	4 1 Till E				Charige Addit on
NAME				4.2 NAME				
STREET ADDRESS					L ADDRESS			
CITY - S1 - ZIP			DELETE	5 1 Till F			Ī	Change Addit on
TITLE NAME				5.2 NAME				
STREET ADDRESS				5 3 STHE	T ADDRESS			
CITY-ST-ZIP				5.4 C(T)	ST-7:F			Change Addition
THILE								
1			DELETE	6 11/11			ι	Crange Addition
NAME			DELETE	62 NAME	:		ι	_] Change Addinor
NAME STREET ADDRESS				6.2 NAM6 6.3 STRE	ET ADORESS	y for the exemption stated in Section 1 trate and that my signature shall have i	·	

plemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde sever or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address certify that the information indicated anythin oath; that I am an officer or direct of the appears in Block 12 or Block 13 in Single of the appears in Block 12 or Block 13 in Single of the appears in Block 12 or Block 14 or Block 14 or Block 15 in Single of the appears in Block 12 or Block 15 in Single or B May 1,1996

SIGNATURE: