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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052609 (2)

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 33060-9354
US

2. Principal Place of Business

2a. Mailing Address

21 2691 E. Oakland Pk Blvd

Suite, Apt. #, etc.

22 Suite 102

City & State

23 FT Lauderdale

Zip

24 33306

Country

25 FLORIDA

Suite, Apt. #, etc.

27 Same

City & State

28 FT Lauderdale

Zip

29 33306

Country

30 FLORIDA

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0526869

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

9. Name and Address of Current Registered Agent

BLACK, WILLIAM R.
540 E. MCNAB RD.
STE C
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

William R. Black

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

2691 E. Oakland Pk Blvd

83 Suite

Suite 102

84 City

FT Lauderdale

FL

85 Zip Code

33306

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BLACK, WILLIAM R
STREET ADDRESS 1200 N.E. 94TH STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 William R. Black
1.3 STREET ADDRESS 2691 E. OAKLAND PK BLVD #102
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33306

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/30/97 (954) 746-5701

0143086

CR2E034 (9/96)