FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jun 18 1998 8:00am
Secretary of State

DOCUMENT # [redacted]

1. Corporation Name

WILLIAM R. BLACK, [redacted]P.A.

P94000052609

Principal Place of Business — Mailing Address

2691 E. OAKLAND PARK BLVD. #102
FT. LAUDERDALE, FL 33306

AMEND

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2691 E. Oakland Park Blvd	2a. Mailing Address: SAME AS #2
Suite, Apt # etc: 22 102	Suite, Apt # etc: 27
City & State: 23 Ft. Lauderdale, Fl	City & State: 28
Zip: 24 33306 — Country: 25 USA	Zip: 29 — Country: 30

3. Date Incorporated or Qualified: 07/15/1994

4. FEI Number: 65-0526869 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM R. BLACK, ESQ.
2691 E. Oakland Park Blvd., #102
Ft. Lauderdale, FL 33306

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 _______ (NOTE: Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WILLIAM R. BLACK	
STREET ADDRESS	2691 E. Oakland Park Blvd. #102	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	President	☐ Change XX Addition
1.2 NAME	William R. Black	
1.3 STREET ADDRESS	2691 E. Oakland Park Blvd. #102	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
2.1 TITLE	Vice President	☐ Change XX Addition
2.2 NAME	William R. Black	
2.3 STREET ADDRESS	2691 E. Oakland Park Blvd., #102	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
3.1 TITLE	Sec'y./Treasurer	☐ Change XX Addition
3.2 NAME	William R. Black	
3.3 STREET ADDRESS	2691 E. Oakland Park Blvd. #102	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33306	
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		

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***70.00

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14. I 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: William R. Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)