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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

A BRANCESH FUR LENKE ENERL BERKA BERKA BERKA ENERL BURKA ENERL BERKA BERKA EKATA HEN DERL

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054461 (6)

BLACK PEARL ENTERPRISES, INC.

14. I do hereby certify that the information supplied with the information indicated on this annual report or supplied I am an officer or director of the convertige of the dependent in Block 12 or Block 13 is the good, a

Principal Place of Business Mailing Address								4 IBOIADAL AM AMAIL MAILL AMAIL AMAIL AMAIL AMAIL AMAIL AMAILL AM	ANN BUNDA DE	(f 3181) (1818 (17	1907 FLUI 1001
1021 E COLON ORLANDO FL				P.O. BOX 532075 ORLANDO FL 32953-2075 US							
								3. Date Incorporated or Qualified 07/18/1994		Date of Last 3/06/1996	
2. Principal P	lace of Busi	ness	2a, Ma	2a, Mailing Address				4. FEI Number Applied For			
21 Suite, Apt			26				· · · · · · · · · · · · · · · · · · ·	59-3255652			Not Applicable
22			27				5. Certificate of Status Desired				
	te		L, Cil	City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution		Added	d to Fees
Zip	Country					untry		8. This corporation has liability for intangible tax onder s. 199.032,			
24	25 29 9, Name and Address of Current Reg			9 30				Florida Statutes Yes Yoo 10, Name and Address of New Registered Agent			
			ireni negisteri	10 Agent	····	81	Name	10. Name and Address of New F	registerec	1 Agent	
MCDANIEL, ROBERT T II						01	Name				
102	I E COLUI	VIAL DRIVE					Street Add	dress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL	32803-4607				83					
3						63					
1						84	City		FI	B5 Zip	Code
l office or a	registered ac	sions of Sections 607 gent, or both, in the S ith, and accept the o	State of Florida 3	Such change was	s authorized	1 by	the corners	rporation submits this statement for the ation's board of directors. I hereby acc	purpose ept the ar	of changing pointment a	its registered is registered
SIGNATURE	Signature, lyped	d or printed name of registero	id agent and lite if ap	plicable (N	OTE Registered	1 Age	ent signature regi	ured when releasing)	DATE		
12.			AND DIRECTO		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO	RS IN 12
TITLE	P			DELETE	1.1 [1]	ιſ				Change	Addition
:NAME :	MCDANI	el, paul é			1.2 NA	ME					
: STREET ADORESS	1021 E C	COLONIAL DRIVE			1.3 S1	REET	ADDRESS				
CITY-ST-ZIP	ORLAND	O FL			1.4 CF	IY-S	ST - ZiP				
TITLE	ST			DELETE	2.1][]	LE				☐ Change	Addition
NAME		el, robert t			2.2 NA	ME					
STREET ADDRESS		COLONIAL DR			2.8 ST	REET	ADDRESS				
CITY-ST-ZIP	ORLAND	O FL			2.40	ITY-S	ST · ZiP				
; TITLE				☐ DELETE	3.1 10	H				Change	Addition
NAME					3.2 NA	ME					
STREET ADDRESS					3.8 \$1	HEET	ADDRESS				
CITY-ST-ZIP					3.4. CI	1Y-8	ST - 71P				
TITLE	-1			DELETE	4.1 10	LE				Change	Addition
NAME STO	1 ''				4.2 N	MF					
STREET ADDRESS					4.3 \$1	KEET	ADDRESS				
CITY-ST-ZIP					4.4 C)	1 Y - S	31 - ZIP	·			
TITLE				DELETE	5.1 1/1	Lt.				☐ Change	Addition
NAME					5.2 NA	ME					
STREET ADDRESS					5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	5.4 CIT	IY-S	I - ZIP				<u></u>
TITLE		•		DELETE -	6.1 TIT	LE				Change	Addition
NAME					6.2 NA	ME					
STREET ADDRESS)	_	6.3 \$1	AEE1	ADDRESS				
0.74 07 70	ı			_							

oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the lal report is true and accurate and that my signature shall have the same togal effect as if made under oath, that istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name