

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

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P940000092812

1. Corporation Name

Black & Red, Inc.

Principal Place of Business

Mailing Address

20771 Cypress Way
Boca Raton, FL 33433

2. Principal Place of Business

2a. Mailing Address

20771 Cypress Way
Boca Raton, FL
33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/94

N/A

4. FEI Number

65-0551737

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

10. Name and Address of New Registered Agent

Gregory Peter
2 E Camino Real
Suite 111B
Boca Raton, FL 33432

81 Name

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

83

84 City

85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Vinko Dobrosevic, President
20771 Cypress Way
Boca Raton, FL 33433

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Dobrosevic, Ann
20771 Cypress Way
Boca Raton, FL 33433

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
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CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS
64 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: VINKO DOBROSEVIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 883-0469

Date Daytime Phone #