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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

CITY-ST-ZIP

DOCUMENT # P95000018020 (4)

BLACK	CTIP AU WORKS INC.							
Principal Plac	ne of Rusiness	Mailing Address	····					
Principal Place of Business Mailing Address 650 S FEDERAL HWY. 1001 SE 16TH ST								
HOLLYWOOD FL 33020 7								
		FT LAUDERDALE FL 333	16			DO NOT WRITE	IN THIS SPACE	
		US			i	3. Date Incorporated or Qualified		
<u> </u>	N					03/06/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
Suite, Apt	21 Sunset Stup	Suite, Apt. #, etc.				65-0562372		Not Applicable
22 # 6 27						5. Certificate of Status Desired		75 Additional
City & State City & State						A Florida Organia Fi		e Required
23 Sunrise, 71 28						6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip	Count	у		8. This corporation owes or has paid		
24 333	313 25	29	30			Personal Property Tax due June :		No No
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Reg		
	RUMLEY, THOMAS		8	Name	9			
1001 SE 16TH ST, 7				Street	Addres	s (P.O. Box Number is Not Acceptable	e)	
FT LAUDERDALE FL 33316			8:					
			84			ation submits this statement for the pu	FLI	Zip Code
agent. I a SIGNATURE	om familiar with, and account the oblige Lannas Deum S Signature Tyled or profed name of registere Lage OFFICE HS ANL	ations of, Section 607.0505, Fig.	orida Statuti	98.		n's board of directors. I hereby accept when reinstating)  ADDITIONS/CHANGES TO OFFICE	1/08/98	
TITLE	D	☐ DELETE	1.1 TITLE		T		☐ Chan	
NAME	BRUMLEY, THOMAS		1.2 NAME					
STREET ADDRESS	1001 SE 16TH ST, 7		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY -	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	2.1 TITLE				☐ Chân	nge 🔲 Addition
NAME			2.2 NAME			* 4	-	
STREET ADDRESS			2.3 STREE	T ADDRESS			•	
CITY-ST-ZIP		T or tre	2 4 CITY	ST-ZIP	ļ			
TITLE NAME			3.1 TITLE				Chan	ge L Addition
STREET ADDRESS			3.2 NAME					i
CITY-ST-ZIP				T ADDRESS				ŀ
TITLE				3.4. C(TY - ST - Z(P) 4.1 T(TLE			Chan	ge Addition
NAME			4. 2 NAME				L CHAIR	Ac Managail
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5 1 TITLE	o - E11	<del>                                     </del>		☐ Chan	ge Addition
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			5.4 CITY-					į
TITLE		☐ DELETE	6.1 TITLE				Chan	ge Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ZZARONA I	1			

6.3 STREET ADDRESS

14. Thereby 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

**FILED** 

May 11 1998 8:00am

Secretary of State