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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000018020

BLACKT	IP AU WORKS INC.						
Principal Place	e of Business	Mailing Address				18 (4) 184 18 18 	
6531 SUNSET STRIP 1001 SE 16TH ST			`		1		
STE-6 7					DO NOT WOLF IN	TUIC COACE	
SUNRISE FL 33313 FT LAUDERDALE FL 33311				DO NOT WRITE IN 1	HIS SPACE	***	
US		00			3. Date Incorporated or Qualifed 03/06/1995		
2 Principal P	lace of Business ,	2a. Mailing Address			4. FEI Number	- Ani	plied For
21 232	7 N. Padeous Que	26			65-0562372		t Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc:	F 30 4	-		\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	lauderdale, 41	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year		1
24 333	25 05	29	30		Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registe	red Agent	
BDU	MIEV THOMAS :		81 N	lame	•		
	MLEY, THOMAS I SE 16TH ST, 7		82 S	treet Addr	ess (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33316						
, ,,,	AUDENDALE FE 333 16		83		•		
{			84 C	ity		FL 85 Zip C	Code
44	to the applicance of Sections 607 0505	2 and 607 1509. Elected Statute	the above or	med corp	existing authority this statement for the number	o of changing ite	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was at	thorized by the	corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. i a	m ramiliar with, and accept the obligati	ions of, Section 607.0303, Flor	ida Statutes.			Š.	
l							
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent sig		<u> </u>		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE.			<u> </u>	E S AND DIRECTO	RS IN 12
		t and title if applicable. (NOTE.	Registered Agent sig		. DAT	E	
12.	OFFICERS AND D BRUMLEY, THOMAS	t and title if applicable. (NOTE.	Registered Agent sig		. DAT	E S AND DIRECTO	RS IN 12
12.	D BRUMLEY, THOMAS 1001 SE 16TH ST, 7	t and title if applicable. (NOTE.	Registered Agent sig 13. 1,1 TITLE	nature required	. DAT	E S AND DIRECTO	RS IN 12
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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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)