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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000037905 (3) DOCUMENT #
1. Corporation Name

NORMA BLACKMAN, INC

| Principal Place of Business Mailing Address  |  |   |  |  | 4011) 80188  1111 188   | BIO) 0111 [Q]                                      |
|--|--|---|--|--|-------------------------|--|
| 402 SW 72ND AVE.  NORTH LAUDERDALE FL 33068  402 SW 72ND AVE.  NORTH LAUDERDALE FL 33068   |  |   | E FL 33068   |  |                         |  |
|  |  |   |  | 3. Date Incorporated or Qualified 05/11/1995   | 3a. Date of Las         | t Report   |
| . Principal Plac   |  | 2a. Mailing Address   |  | 4. FEI Number 6 To   | TO Q II                 | Applied For  |
| 1779   | University Driv  | <u>e   26                                  </u>   |  | 65-0585  | 797                     | Not Applicable                                     |
| Suite, Apt. #, etc., 1 Suite, Apt. #, e  |  |   |  | 5. Certificate of Status Desired   |                         | 75 Additional<br>ee Required                       |
| City & State Springs FL 28   |  | City & State  | . <b>.</b>   | 6. Flection Campaign Financing 1 rust Fund Contribution Added to Fees                                      |                         |  |
| <i>Ζ</i> ιρ  | 25 Broward   | 7 p<br>29   | Gountry 30   | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \( \subseteq No |                         |  |
|  | 9. Name and Address of Curre   | nt Registered Agent   | 04] 51   | 10. Name and Address of New R  | egistered Agent         |  |
| DI AOIZI   | MANI MODNA   |   | 81 Nanie   |  |                         |  |
| BLACKMAN, NORMA<br>402 SW 72ND AVE.<br>NORTH LAUDERDALE FL 33068   |  |   | 82 Street Ad   | 82 Street Address (P.O. Box Number is Not Acceptable)  |                         |  |
|  |  |   | 83   |  |                         |  |
| HOME   | ENODERIDALE I E 33000  |   |  |  |                         |  |
|  |  |   | 84 City  |  | F1 85                   | Zip Code   |
| or registered<br>familiar with   | d agent, or both, in the State of Flor<br>, and accept the obligations of, Sec   | ction 607.0505, Florida Statutes  | od by the op-peration of the   | , , , , , ,  |                         |  |
| familiar with  | i, and accept the obligations of, Sec<br>lighture typed or printed name of registrated agric   | ction 607.0505, Florida Statutes  | It. Begishered Agont signature requi   |  | DATE<br>ICERS AND DIREC | OTORS IN 12  |
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SIGNATURE: Norma Blackman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Norma Blackman (table