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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P950								
J. W. BLACKLEDGE CONSULTING SERVICES, INC.									
Principal Place	of Business	Mailing Addi	Mailing Address				BAKIN TÜNN ALDI	II BILDO FORDI ISI	fê bili ibbi
304 SEQUOIA LN BOCA RATON FL 33487			304 SEOUCIA LN BOCA RATON FL 33487						
						3. Date Incorporated or Qualified 06/06/1995	3a. Date	of Last Repo	rt
2. Principal Pla	ice of Business	<b>2a.</b> Mailing A	vddress			4. FEI Number		Apr	olled For
Suite, Apt. #	l oto	26				65 0600 348			Applicable
Suite, Apr. #	F, BIG.		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Ac	
City & State			City & State			6. Election Campaign Financing		\$5.00 6	·
23		28				Trust Fund Contribution		Added to	
Zφ	<u></u>		}a	Country		8. This corporation has liability for		cunders 19	9.032.
24	25 9. Name and Address of Cu	[29]	30  			Florida Statutes Yes  10. Name and Address of New F	□ No	l nont	
	5. Hame Bild Address of Qu	orient negistered Ag	=111. 	81 1	lame	TV. Italie and Address of New P	egistereu A	yent	
RI ACKI E	EDGE, JOHN W JR.				الدادة فمديد	ess (P.O. Box Number is Not Acceptat			
304 SEQ				82 5	street Addre	ess (P.O. Box Number is Not Acceptat	ne)		
	ATON FL 33487			83					
				84	Dity			85 Zip Ci	nde
					•		FL	11	
11. Pursuant to or registere	o the provisions of Sections 607. ed agent, or both, in the State of	0502 and 607,1508, FI Florida, Such change v	orida Statutes, the a	above nan ne comora	ied corpora	tion submits this statement for the pur d of directors. Thereby accept the app	pose of char	nging its rega	stered office
familiar with	h, and alcept the obligations of	Section 607.0505, Flor	ida Statutes.	10 001 pene	norra Boure	s of directors. Thereby accept the app	. •		ont rain
SIGNATURE _	John W B	laster	., 71				4/22	-/96	
12.	Signature of extror printed rainic of registration OFLICERS	S AND DIRECTORS	Z	3.	pal re regered	when residatings  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTORS	IN 12
TITLE	President		DELETE 1	1 TITLE	f	3	· F*	] Change [	Addition
NAME	John W. BLAC	<del>(( L ( 1) ( </del>	1	2 NAME	_	ohn W BLACKLEDGE	:		
STREET ADDRESS	3 or StationA		1	3 STHEET ADD	PRESS 3	BOY SEQUOIA LANE			
CHTY+ST-ZIP	BUCA RATON	<b>4</b>	11 M	4 CI!Y - ST Z		SOCA RATION, FL 3			
TITLE				: II'tt	TF	FRANCES B. BLACKLE	068 E	] Change [	Addit on
NAME				2 NAME	3	BOY SEQUOID LANE	-		
STREET ADDRESS				3 STREET ADI		BOCA RATION FL 3	2467		
CITY - ST - ZIP TITLE				4 CITY - ST - 7 1 TITLE	P	JOEN 1011010 FC 3	<u> </u>	] Change	Addition
NAME		u	•	2 NAMi			L.	j onunge	
STREET ADDRESS			3	3 STREET AD	DRESS				
CITY · S1 · ZIP			3	4 CITY - ST - Z	l5				
TITLE			DELETE 4	1 TITLE				] Change [	Addition
NAME			4	2 NAME					
STREET ADDRESS			4	3 STREET ADD	DRESS				
CITY - ST - ZIP				4 CITY - ST - Z	10	00000188	2222	20	7 1344
TITLE		Ц		1 TELE			)46CH	∯ <sup>nange</sup> ∟	Addition
NAME STREET ADDRESS				2 NAME 3 STREET ADI	perce	***208.75			
CITY-ST-ZIP			_	4 CHY - ST - Z					
TITLE	,,		D.F. E.V.:	1 TITLE		N. M. M.	Γ	Change [	Addition
NAME				2 NAME			-		
STREET ADDRESS			6	3 STREET ADD	DRESS		6	~ / I	1-4
CITY-ST-ZIP				4 CITY - ST - Z				ノ '	1 H
14. I do hereby certify that	certify that the information supported on this	olied with this fong is vo	luntarily furnished a	nd does n	ot qualify fo	r the exemption stated in Section 119, e and that my signature shall have the	07(3)(k), Flori	ida Statutes.	I further
oath; that I	am an officer or director of the c Block 12 or Block 13 if changed	corporation or the recei	ver or trustee empo	wered to e	execute this	e and that my signature shar have the report as required by Chapter 607, FI	orida Statute	s, and that	ly name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIENCE OF DIRECTOR BLACKLEDGE #/22/96 407997 9450