

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051006 (1)

1. Corporation Name
BLK MARKETING, INC.



Principal Place of Business
5700 N.W. 24TH AVE.
#604
BOCA RATON FL 33496

Mailing Address
P.O. BOX 811504
BOCA RATON FL 33481

2. Principal Place of Business
21 4201 N. Ocean Boulevard
Suite, Apt. #, etc.

22 409 - Building C
City & State
23 Boca Raton, Florida

Zip Country
24 33431 25 USA

2a. Mailing Address
26 NO CHANGE - SAME
Suite, Apt. #, etc.

27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified 06/29/1995
3a. Date of Last Report
New Corp. in 1995

4. FEI Number 65-059-4391
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

WHEELER, CHRISTOPHER C
2255 GLADES ROAD
SUITE 340 WEST
BOCA RATON FL 33431-7360

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

PRES.

4/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~SEC., TREAS.~~ ☒ DELETE
NAME M. LYNNE KARNIOL
STREET ADDRESS 4201 N. OCEAN BLVD. # 409C
CITY-ST-ZIP BOCA RATON, FLA. 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES, SEC., TREAS. ☒ Change ☐ Addition
1.2 NAME WILLIAM G. KARNIOL
1.3 STREET ADDRESS 4201 N. OCEAN BLVD. # 409C
1.4 CITY-ST-ZIP BOCA RATON, FLA. 33431

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/20/96 407-338-5097

Daytime Phone #

CR2E034 (12/95)