FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000075887 (6) **DOCUMENT #** 1. Corporation Name B.L. ARK GROUP, INC. Principal Place of Business Mailing Address % FRED CHIKOVSKY % FRED CHIKOVSKY 1720 HARRISON STREET. 7TH FLOOR 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1995 2. Principal Place of Business 2a. Mailing Address FEI Number 21 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORPORATION SERVICE COMPANY 82 Street Addre -1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 84 Zip Code 33020 ω $\circ \circ \circ$ 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation subjects this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation subjects this statement for the purpose of changing its registered office familiar with, and accept the ebligation of Section 607 051. Florida Statutes. SIGNATURE 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1006 ☐ Change ☐ Addition NAME ChiKousk 1.2 NAME Harrison Street, 7Th Fla STREET ADDRESS E a STREET ADDRESS 33020 CITY-ST-ZIP Holly word FL 1.4 CHY - ST-ZIP TITLE DELETE 2 1 TITLE Addition NAME 2.2 NAME DIAMOND, CAROLE STREET ADDRESS 2.3 STREET ADDRESS THEF CITY - ST- ZIP 24 CITY - ST ZIP 30.5€0 TITLE DELETE 3 1 TIFLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C/TY - \$1 - Z/P TIFLE DELETE 4 1 1000 ☐ Change Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 City - \$1 - ZiP TITLE DELETE 5 1 THEFE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY ST-2IP TITLE DELETE 6 1 THILE Change ne tibbA NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST-ZIP 6.4 CHTY - ST - 7IP 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 appears in Block 12 or Block 13 it changed, or on a flacinment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 954-920-4438

CR2E034 (12/95)