FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083158 (2)

BLOCK 6TH AVENUE, INC.

Principal Place of Business

1048 KANE CONCOURSE SUITE 28 BAY HARBOR FL 33154				1048 KANE CONCOURSE SUITE 2B BAY HARBOR FL 33154-2107				3. Date Incorporated or Qualified			st Report	
								10/30/1995	03/0	8/199	,	
2. Principal Place of Business				2a. Mailing Address				4, FEI Number 65-0619206			Applied For	
21 Suite Ant Harts				Suite, Apt. #, etc.				03700 19200		<u> </u>	Not Applicable	
Suite, Apt #, etc.				h-1			5. Certificate of Status Desired			5 Additional Required		
City & State				City & State				a 5(60				
23				28			Election Campaign Financing Trust Fund Contribution	\Box		00 May Be led to Fees		
Zip				Zip	Country			This corporation has liability for in				
24	25 29				30			Florida Statutes Yes No				
		nd Address of Cur		ered Agent				10. Name and Address of New Reg	lstered A	gent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
GAD			8	1	Name							
1048 KANE CONCOURSE				E			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2B					"		Olicel Modif	CSS (1O. DOX HUMBER IS NOT ACCOPTABLE	,			
BAY	HARBOR FL	33154			8	3						
					8	4	City			85	Zip Code	
11. Pursuant office or r agent I a SIGNATURE	ım familiar with,	is of Sections 607.0 If, or both, in the Standaccept the ob-	ligations of,	Section 607.0505, F	lorida Statut	es.	i.	oration submits this statement for the prion's board of directors. I hereby accepted when rensisting;	urpose of t the appo	changir pintmen	ng its registered t as registered	
12.	alguaitre, typeci or	OFFICERS /			13.	yea.	a signature require	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12	
TITLE	D	OTTIOE NO.	WAD DITTEO	DELETE	1 1 TITLE			ADDITIONS/GITANGED TO GITTO		Char		
NAME	GADINSKY,	SETH		<u></u>	1.2 NAMI					_	- -	
STREET ADDRESS 1048 KANE CONCOURSE SUIT				n			ADDRESS					
CITY-ST-ZIP BAY HARBOR FL 33154				14 CITY-ST-ZH								
TITLE				DELETE	2.1 TITLE		*11			Chan	ge Addition	
NAME					2.2 NAMI							
STREET ADDRESS					2.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP					2 4 CITY	- S1	IT - ZIP	બ				
TITLE				DELETE	3 1 THTLE			·		Chan	ge Addition	
NAME					3.2 NAMI							
STREET ADDRESS					3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP					3 4. CITY	- S1	1 - ZIP					
TITLE				☐ DELETE	4 1 TITLE					Chan	ige 🔲 Addition	
NAME					4 2 NAM	E						
STREET ADDRESS					4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP					4.4 CITY	sr	í - ZIP					
TITLE				☐ DELETE	5.1 TITLE					Chan	ge Addition	
NAME					5 2 NAM	Ē						
STREET ADDRESS					5 3 STRE	ET 4	ADDRESS					
CITY-ST-ZIP		<u> </u>			5.4 CITY	ST	í-ZIP					
TITLE				☐ DELETE	61 TITLE					Chan	ge Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STRE	ET A	ADDRESS					
חודע פד זוף					6 4 CITY	ст	r 7ID					

14. I do 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.

2 hala-

FILED

Feb 13 1997 8:00am

Secretary of State