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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000086868**1. Corporation Name

S E BLACK & ASSOCIATES INC

O. C. D	EACK & ACCOUNTES, INC.				
Principal Plac	ce of Business	Mailing: Address			IBING BOIRS IBING ONES JAMA BINON SON 1861
14381 HORSE	•	14381 HORSESHOE TRACE	F	·	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WELLINGTON FL 33414	-		
us -		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				11/09/1995	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0626282	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		1.00	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	7 \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25		30	Personal Property Tax.	Ves □No
	9. Name and Address of Current		81 Name	10. Name and Address of New Reg	Istered Agent
BLA	CK, SALLY E	يەنىق ئىل دەخىقىق ≦اتىق	oi Name		
ି ି 143	81 HORSESHOE TRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable) ,
	ST PALM BEACH FL 33414			A STATE OF THE STA	e a confidence i remai provinci i provinci di la constanti di sensi di la constanti di la cons
***	or their bestoff the gotty		83		
-			84 City	NAME AND ADDRESS OF THE PARTY O	85 Zip Code
			1 1		
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	es the above-named com	poration submits this statement for the nur	nose of changing its registered
11. Pursuant office of agent. I a SIGNATURE	am far liar was and access the obligate	ons of, Section 607.0505, Flor	rida Statutes.	poration submits this statement for the pur on's board of directors. I hereby accept the	•
agent. I a	am far lar y and accept the obligation accept the obligation and accept the obligation accept the obligation accept the obligation and accept the obligation accept the obliga	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	rida Statutes. Registered Agent signature require	od when reinstalling) v	DATE
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SIGNATURE 12.	Signature, typed in printed name of registered agent is OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE	od when reinstalling) v	DATE
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90019 046 ***158.75