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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009061

1. Corporation Name

ROBERT BLACK INTERIOR CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

~~4111 SW 47 AVE~~ 14060 Langely Place

~~4111 SW 47 AVE~~ 14060 Langely Place

~~317~~ Davie, Florida

~~317~~ Davie, Florida

~~FT LAUD FL 33314~~

~~FT LAUD FL 33314~~

~~US~~

~~US~~

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

65-0635559

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 14060 Langely

2a. Mailing Address

26 14060 Langely

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Place

27 Place

City & State

City & State

23 Davie, FL

28 Davie, FL

Zip Country

Zip Country

24 33325

25 U.S.

29 33325

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, ROBERT L
14060 LANGELY PLACE
DAVIE FL 33325

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 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BLACK, ROBERT L
STREET ADDRESS 14060 LANGELY PLACE
CITY-ST-ZIP DAVIE FL 33325

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME BLACK, ROBERT C
STREET ADDRESS 330 SW 2 STREET
CITY-ST-ZIP FT LAUDERDALE FL 33302

1.2 NAME

TITLE VD ☐ DELETE

NAME ANDERSON, HERBERT A
STREET ADDRESS 3660 NE 12 TERRACE
CITY-ST-ZIP POMPAÑO BEACH FL 33064

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Black
President

4/22/99

954-693-9856

Date

Daytime Phone #

CR2E034 (11/98)