FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # \$96 0 000 19 897 BLACK FORGET GIRL INC Principal Place of Business Mailing Address LOUDENDALE, FI. 33308 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3/0//96 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0174560 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 囨 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Żip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REICHELT, PETER YYYO NE. 57 ST Street Address (P.O. Box Number is Not Acceptable) FT. LAUDENDALE, FL. 33708 City 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. Of 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change NAME PETER REICHELT 1.2 NAME STREET ADDRESS 220 NE 57 55 1.3 STREET ADDRESS FL. 33308 FT. LAUGENDALE, CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE 100002508481 -05/04/98--01002--039 TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS ***158.75 CITY-ST-ZIP 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 suppliemental annual report is told 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 entrustee explowered 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 in the receiver entrustee explosions.

Daytime Phone #

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR