

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050756 (1)

1. Corporation Name

RORI BLACK RPTA, P.A.

Principal Place of Business

3884 N.W. 122ND TERRACE
SUNRISE FL 33323

Mailing Address

3884 N.W. 122ND TERRACE
SUNRISE FL 33323-3341

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

4. FEI Number

65-0672134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

BLACK, RORI
3884 NW 2. 22ND SUNRISE
SUNRISE FL 33323

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 | 1. D <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, RORI | 1.2 NAME |
| STREET ADDRESS | 3884 N.W. 122ND TERRAE | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | SUINRISE FL 33323 | 1.4 CITY-ST-ZIP |
| TITLE | 2. D <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, MARSHA | 2.2 NAME |
| STREET ADDRESS | 3884 N.W. 122ND TERRAE | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | SUINRISE FL 33323 | 2.4 CITY-ST-ZIP |
| TITLE | 3. <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP |
| TITLE | 4. <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | 5. <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | 6. <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

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.

SIGNATURE:

Rori Black

REQUERIDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97 (954)746-3788
Date Daytime Phone #

CR2E034 (9/96)