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FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000057826 (5)

1. Corporation Name

BLC FINANCIAL NETWORK OF FLORIDA, INC.



Principal Place of Business

C/O UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH ST., SUITE 300  
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH ST., SUITE 300  
NORTH MIAMI BEACH FL 33162-3729

3. Date Incorporated or Qualified  
07/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 c/o BLC Financial Network of Florida, Inc.

Suite, Apt. #, etc.  
22 415 BECKRICH RD, Ste. 250

City & State  
23 PANAMA CITY BEACH, FL

Zip Country  
24 32407 25 USA

2a. Mailing Address

26 c/o Business Loon Center, Inc

Suite, Apt. #, etc.  
27 919 Third Ave, 17th Floor

City & State  
28 NY, NY

Zip Country  
29 10022 30 USA

4. FEI Number

582249799

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BARR, RAY A  
STREET ADDRESS 10 BANK STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE D ☒ DELETE  
NAME SKUBICKI, MARK  
STREET ADDRESS 10 BANK STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Fred Crispin  
1.3 STREET ADDRESS 415 Beckrich Rd., Ste. 250  
1.4 CITY-ST-ZIP Panama City Beach, FL 32407

2.1 TITLE Secretary ☐ Change ☒ Addition  
2.2 NAME Jennifer M. Napier  
2.3 STREET ADDRESS 919 Third Ave., 17th Floor  
2.4 CITY-ST-ZIP NY, NY 10022

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 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:

*[Signature]*

4/25/97

212-361-4721

CR2E034 (9/96)