

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000075407

1. Corporation Name  
BLACK INK CORPORATION

Principal Place of Business  
19017 NW 64TH CT.  
MIAMI FL 33015

Mailing Address  
19017 NW 64TH CT.  
MIAMI FL 33015

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90028 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/11/1996

4. FEI Number  
65-0695151

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

2a. Mailing Address

21 210 Caydon Dr  
Suite, Apt. #, etc.

26 Same  
Suite, Apt. #, etc.

22 City & State  
Miami Springs

27 City & State

23 Zip  
33166

28 Country

24 A-Dade

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, JASON L  
19017 NW 64TH CT.  
MIAMI FL 33015

81 Name  
MARGARET MEYERS

82 Street Address (P.O. Box Number is Not Acceptable)  
210 Caydon Drive

83 City

84 Miami Springs FL 85 Zip Code  
33166

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

Margaret Meyers Pres. Margaret Meyers 4/10/99

Signature typed or printed name of registered agent (delete if applicable).

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BASS, JASON L  
STREET ADDRESS 19017 NW 64TH CT.  
CITY-ST-ZIP MIAMI FL 33015  
☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME MEYERS, MARGARET  
STREET ADDRESS 19017 NW 64 CT  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

2.1 TITLE  
2.2 NAME MARGARET  
2.3 STREET ADDRESS 210 Caydon Drive  
2.4 CITY-ST-ZIP MIAMI SPRINGS, FL  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Margaret Meyers 4/10/99

Date

Daytime Phone #

(305) 888-3829

CR2E034 (11/98)