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

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90007 034 ***150.00

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DOCUMENT # P98000026896 1. Corporation Name	
BLACK FINANCIAL CORPORATION	

2. Principal Place of Business. Suite, Apt. #, etc. City & State Zip Country 9. Name and Address MASTERSON, DREW 614 6 ST. HALLANDALE FL 33009	Mailing Address 614 6 ST. HALLANDALE FL 33009 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Zip Suite Agent Zip Zip Zip Zip Zip Zip Zip Zi	Countr 30 8:	Name Street Addr	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 03/20/1998 4. FEI Number 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year In Personal Property Tax. 10. Name and Address of New Registered POLICY OF THE PROPERTY	\$8.75 A Fee Rec \$5.00 A Added to Added to	quired May Be
Suite, Apt. #, etc. City & State City & State Zip Country A 3009 Shame and Address MASTERSON, DREW 614 6 ST. HALLANDALE FL 33009	2a. Mailing Address 26 Shirt Suite, Apt. #, etc. 27 City & State 28 Zip 29 Sip State 29 Sip State 29 Sip State 20 State 20 Sip State 21 Sip State 22 Sip State 23 Sip State 24 Sip State 25 Sip State 26 Sip Sip State 27 Sip State 28 Sip State 28 Sip State 29 Sip State 20 Sip Stat	888888888888888888888888888888888888888	Name Street Addr	3. Date Incorporated or Qualifed 03/20/1998 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year In Personal Property Tax. 10. Name and Address of New Registered POLL MASCREAGE	\$8.75 A Fee Rec \$5.00 A Added to Added to	t Applicable additional quired May Be o Fees
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9. Name and Address MASTERSON, DREW 614 6 ST. HALLANDALE FL 33009	ANT DECO and EOT 1509. Florida Sto	8:	2 Street Add	10. Name and Address of New Registered		
MASTERSON, DREW 614 6 ST. HALLANDALE FL 33009	ANT DECO and EOT 1509. Florida Sto	8:	2 Street Add	PEW MASTERSON		
614 6 ST. HALLANDALE FL 33009	ons 607.0502 and 607.1508, Florida Sta	8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
614 6 ST. HALLANDALE FL 33009	ons 607.0502 and 607.1508, Florida Sta	8	6/9 3 City	ress (P.O. Box Number is Not Acceptable)		
HALLANDALE FL 33009	ons 607,0502 and 607,1508, Florida Sta	8	4 City	0-0		
	ons 607,0502 and 607,1508, Florida Sta	ľ	4 City			
11. Pursuant to the provisions of Sections	ons 607.0502 and 607.1508, Florida Sta	ľ	4 City			
11. Pursuant to the provisions of Secti	ons 607.0502 and 607.1508, Florida Sta		ALCOUNT 1	ANDRIE FL	85 Zip C	1009
11. Puisuant to the provisions of Section	in the Ctate of Floride Court charge our	itutes the abo	ve named corr	poration submits this statement for the purpose of	of changing its	registered
onice or registated agent, or both,	or the state of Florida. Such change wa	sauthomozeo d	v tne corporati	or's board of directors. I hereby accept the appo	sintment as reg	gistered
agent. I am familiar with, and acce	of the obl igations of, Section 607.0505,	Florida Statute	1.5	car (1)	~ 19	P
SIGNATURE Signature troad or printed game	of registered agent and title if applicable. (No	DTE: Registered Aq	ent signature require	ed when reinstating)	7 7	7
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
TITLE QUAREN/PL	DELETE	1,1 TITLE			☐ Change	Addition
	175/2020	1.2 NAME	:			
STREET ADDRESS 6/4 65T	550	9 1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	STEROD 330,	1.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME		2.2 NAME	<u>:</u>			
STREET ADDRESS		2.3 STRE	ET ADDRESS			
C/TY-ST-ZIP		2.4 CITY	-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME	<u> </u>			
STREET ADDRESS		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		3.4. CITY	-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	1		Change	☐ Additio
NAME		4, 2 NAM	E			
STREET ADDRESS		43 STRE	ET ADDRESS			
CITY-ST-ZIP		4.4 CITY-	ST-ZIP			C + 2200 -
TITLE	☐ DELETE				Change	☐ Additio
NAME		5.2 NAME				
STREET ADDRESS			ET AODRESS			
CITY-ST-ZIP		5.4 CITY-				
TITLE	☐ DELETE				Change	Addition
NAME		6.2 NAME				
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP		6.4 CITY-		Section 119.07(3)(i), Florida Statutes. I further co	41F 4b 1 21 1	

SIGNING OFFICER OR DIRECTOR