


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

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Apr 04 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 # S32601 (4)					
1. Corporation Name CONTROLLED EXPLOSIVE BLASTING, INC.					
Principal Place of Business PO BOX 10455 JACKSONVILLE FL 32247-0455			Mailing Address PO BOX 10455 JACKSONVILLE FL 32247-0455		



2. Principal Place of Business 21 FLORIDA		2a. Mailing Address 26 ABOVE		3. Date Incorporated or Qualified 02/18/1991		3a. Date of Last Report 03/04/1996	
22 2943 VERNON TERRACE #4		27 Suite, Apt. #, etc.		4. FEI Number 59-2100936		Applied For Not Applicable	
23 JACKSONVILLE FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 32205		25 DWAL		29		30	
9. Name and Address of Current Registered Agent BLACK, MURRAY D 2200 ACADIE DR JACKSONVILLE FL 32217				10. Name and Address of New Registered Agent 81 Name MURRAY D. BLACK 82 Street Address (P.O. Box Number is Not Acceptable) 2943 VERNON TERRACE 83 #4 84 City JACKSONVILLE FL 85 Zip Code 32205			

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  M. M. BLACK 2-22-97
(NOTE: Registered Agent signature required when re-statuting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	BLACK, MURRAY D.	1.2 NAME	
STREET ADDRESS	2200 ACADIE DR. 100 N. DELFERN DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL BEL AIR CA 90077	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	BLACK, MARGARET M.	2.2 NAME	
STREET ADDRESS	2200 ACADIE DR, 100 N. DELFERN DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL BEL AIR, CA. 90077	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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:  M. M. BLACK 2-22-97 904-387-4784/310 550.1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)