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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S54328

(7)

BLACKWOOD & COMPANY, P.A.

FILED May 08 1997 8:00am Secretary of State

Change

Addition

Principal Place of Business Mailing Address						{		III FIAN III	
3046 & CONGRESS AVE LAKE WORTH FL 33461 LAKE WORTH FL 33461									
						3. Date Incorporated or Qualified 05/17/1991		te of Last)9/1996	
	Place of Business	26. Mailing Add	ress			4. FEI Number		A	Applied For
21	41 - 4-	[26]				65-0261036			vot Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional Required
· City & State 23	е	City & State				Election Campaign Financing Trust Fund Contribution	П		May Be
Zip	Country	Zip	(Country	/	8. This corporation has liability for			
24	25	29	30				_ ~ _] No	a. 105.002,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re			
BLA	CKWOOD, THOMAS B.			B1	Name				
3046 S CONGRESS AVE					Stroot Addr	ess (P.O. Box Number is Not Acceptab	امار		
LAK	E WORTH FL 33461			82	Sileot Addi	665 (F.O. BOX NUMBER IS NOT Acceptate	π ο)		
				83					
				0.4	Oite			12-1 5:	
				84	,	oration submits this statement for the p ion's board of directors. I hereby accep	FL	11	Code
SIGNATURE	m familiar with, and accept the ob-					ed when reinstating)	DATE		
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PVS		ELETE 1	1 TITLE				Change	Addition
NAME	BLACKWOOD, THOMAS B.		1	.2 NAME					
STREET ADDRESS	6611 PINE TREE CIR		1	.3 STREET	ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL			.4 CITY - 5	11-ZIP				
TITLE	TD		ELETE 2	1 TITLE				Change	Addition
NAME	BLACKWOOD, THOMAS B.		2	.2 NAME					
STREET ADDRESS	6611 PINE TREE CIR				ADDRESS	1			
CITY-ST-ZIP	W PALM BEACH FL			4 CITY-	ST-ZIP				The state of
TITLE		ւ		.1 TITLE			ļ	Change	L_ Addition
NAME				.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		n r		4. CITY - : 1 TITLE	ST-ZIP		 1	Chance	T Address
NAME		·			-			Change	L_] Addition
STREET ADDRESS				2 NAME	ADDRESS				
					ADDRESS				
CITY-ST-ZIP TITLE				4.CITY-S 1.TITLE	SI - ZIP			Change	Addition
NAME		السيا	1	.1 HYLE .2 NAME			L	01818B6	LJ Addition
STREET ADDRESS					ADDRESS				
OTHER PURPOSE I			■ b	3 STBFF1	BUILDERS I				

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 chapter 607 or n an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 C(1Y - ST - Z(P

5.4 CHTY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE