FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:49

DOCUMENT # S60776 (9)

1. Corporation Name
BLANKOR, INC.

Principal Place of Business
2659 W. OKEECHOBEE ROAD
LOT B-19
HIALEAH FL 33010-1066
US

Mailing Address
3501 KEYSER AVE
VILLA # 37
HOLLYWOOD FL 33021-2402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt #, etc (22)
Suite, Apt #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0267885 — 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
KAPLAN, CHERYL ~~E~~
~~150 WEST FLAGLER STREET~~
~~SUITE 2200, MUSEUM TOWER~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent
81 Name: KAPLAN, CHERYL, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Boulevard
83 Suite #1130
84 City: Ft. Lauderdale, FL
85 Zip Code: 33394

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

12. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	KAPLAN, BURLEIGH
STREET ADDRESS	3501 KEYSER AVE., VILLA # 37
CITY ST ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY ST ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY ST ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY ST ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY ST ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY ST ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY ST ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: Burleigh KAPLAN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 07 1995
Date

(305)966-8484
Daytime Phone #

0003135 CP