

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 24 AM 7:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G14745 (5)**

**1. Corporation Name  
BASF, INC.**

**Principal Place of Business Mailing Address  
15225 NW 77TH AVE 15225 NW 77TH AVE  
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/22/1982 3a. Date of Last Report 05/01/1994**

**4. FEI Number 59-0525914 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**

**2. Principal Place of Business 2a. Mailing Address**

**21. 26.**

**Suite, Apt. #, etc. Suite, Apt. #, etc.**

**22. 27.**

**City & State City & State**

**23. 28.**

**Zip Country Zip Country**

**24. 25. 29. 30.**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LENNON, CHARLES W CAE  
15225 N W 77TH AVE  
MIAMI LAKES FL 33014**

**B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE D  
NAME LENNON, CHARLES W  
STREET ADDRESS 15225 N.W. 77TH AVENUE  
CITY- ST- ZIP MIAMI LAKES, FL 00000**

**TITLE V  
NAME MACDONALD, WEST  
STREET ADDRESS 1300 S. DOGE HWY, STE. 2220  
CITY- ST- ZIP CORAL GABLES FL**

**TITLE P  
NAME ADLER, DAVID  
STREET ADDRESS 2801 S. BAYSHORE DRIVE, STE.1475  
CITY- ST- ZIP COCONUT GROVE FL**

**TITLE T  
NAME MASSON, STEVE  
STREET ADDRESS 7523 SW 95 PL/DARTMOUTH ENT. CORP.  
CITY- ST- ZIP MIAMI FL**

**TITLE S  
NAME JON FEIG  
STREET ADDRESS 5700 SW 11 ST  
CITY- ST- ZIP MIAMI FL 33156**

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**

**1. 1 TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY- ST- ZIP**

**2. 1 TITLE  Change  Addition  
2. 2 NAME  
3. 3 STREET ADDRESS  
4. 4 CITY- ST- ZIP**

**3. 1 TITLE  Change  Addition  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY- ST- ZIP**

**4. 1 TITLE  Change  Addition  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY- ST- ZIP**

**5. 1 TITLE  Change  Addition  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY- ST- ZIP**

**6. 1 TITLE  Change  Addition  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 CITY- ST- ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 executor 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 married, or on an attachment with an address.**

**SIGNATURE: x [Signature] CHARLES W. LENNON**

**x 4/12/95 x 305 5366300**