FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						¬ FILED			
PROFIT			FLORIDA DEPARTMENT OF STATE						^
	CORPORATION Sandra B. Mo				n	Feb 03 19	198	8:0	uam
, , , , , ,	1998		Secretary of State DIVISION OF CORPORATIONS			Canata	MT 7 0	e C4	040
	1330		BIVISION OF COLUMNICA			_ Secretar	ry o	1	ale
1. Corporation	on Name	5863	(2)				2		
BAS	SETT BOAT COMPAN	Y OF FLORID	A			I IDEAL STATE STATE OF THE SPAN STATE OF THE SPA			
Principal Place of Business Mailing Address							TO HAIT OF BELLEVILLE	III e feli biek	11111 4 (0() 1 81 1
700 S FEDERAL HIGHWAY 700 S FEDERAL HIGHWAY								,	
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062						DO NOT WRIT	E IN THIS S	SPACE	
						3. Date Incorporated or Qualified			
- 5						11/09/1979			
2. Principal :	Place of Business	2a. î	Mailing Address			4. FEI Number			oplied For
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			59-1957467	E7		lot Applicable Additional
22 27						5. Certificate of Status Desired	<u> </u>		Required
City & Sta	t e	28	City & State			Election Campaign Financing Trust Fund Contribution	П		May Be I to Fees
Zìp				Country		This corporation owes or has p	aid the curr		
24	25	29		30		Personal Property Tax due Jun			□No
	9. Name and Address of	or Current Hegiste	rea Agent	81	Name	10. Name and Address of New R	egistered A	lgent	
BASSETT, RICHARD R. 700 S FEDERAL HWY									
1	POMPANO BCH. FL 3360	2		82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
				83					· · · · · · · · · · · · · · · · · · ·
İ				84	City		FI	85 Zip	Code
11. Pursuant	to the provisions of Sections	607.0502 and 607	.1508, Florida Statute	s, the abov	e-named co	rooration submits this statement for the	FL ourpose of	changing i	its registered
office or a agent. I a	registered agent, or both, in am familiar with, and accept t	the State of Florida the obligations of, S	Such change was at Section 607.0505, Flor	uthorized by rida Statute	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	intment as	registered
SIGNATURE									
12.	Signature, typed or printed name of re	gistered agent and title if a ERS AND DIRECT		Registered Age	ent signature req	ulred when reinstating)	DATE CEDC AND	DIDECTO	DC 151 40
TITLE	PD	ELIOTALD DINEOT	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition
NAME	BASSETT, RICHARD			1 2 NAME				_ •	_
STREET ADDRESS	1617 S.E. 15TH STF			1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE F		Dr. cm	1.4 CITY-S	T-ZIP			1 2:	The ins
TITLE NAME	D LL DELETE BASSETT, NORMA		2.1 TITLE 2.2 NAME				Change	Addition	
STREET ADDRESS	121 WEST STREET				ADDRESS				
CITY-ST-ZIP	SPRINGFIELD MASS	}		2. 4 CITY-1					
TITLE			☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME						
STREET_ADDRESS			3,3 <u>stre</u> et address						
CITY-ST-ZIP TITLE				3.4. CITY - 5	ST-ZIP		ı	Change	Addition
NAME	_		4.1 MLE			ı	Grange		
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 CITY - S						
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP

14. I 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 antantant with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

Addition

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

COLUBE PROUBED

DELETE