

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

FILED

Mar 05 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 # 650240

(5)

1. Corporation Name
BASIC SYSTEMS, INC.

Principal Place of Business

1075 SUNSET STRIP
SUITE 204
FT. LAUDERDALE FL 33313
US

Mailing Address

1075 SUNSET STRIP
SUITE 204
FT. LAUDERDALE FL 33313-6100
US

3. Date Incorporated or Qualified
01/04/1980

3a. Date of Last Report
04/15/1996

4. FEI Number

59-1975656

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

21 877 NW 61st Street
Suite, Apt. #, etc.

2a. Mailing Address

26 877 NW 61st Street
Suite, Apt. #, etc.

City & State

23 FT Lauderdale, FL

City & State

28 FT Lauderdale, FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

MYERS, KIMBERLY A.
1075 SUNSET STRIP, SUITE 204
SUNRISE 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

877 NW 61st Street

83

84 City

FT Lauderdale

FL

85 Zip Code

33309

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

Kimberly Myers

(NOTE: Registered Agent's signature required when reinstating)

02/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	SLAPIKAS, RAYMOND E.	
STREET ADDRESS	3506 WILDFLOWER DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DPS	DELETE
NAME	MYERS, KIMBERLY A.	
STREET ADDRESS	3506 WILDFLOWER DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 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 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:

Kimberly Myers

Kimberly Myers

02/11/97

954-453-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)