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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001198 (7)

BAS CONSULTING & ENGINEERING, INC.

## **FILED** Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						)	**********	1181 1811 1841
9476 FOX TROT LANE 9476 FOX TROT LANE					İ			
BOCA RATON	FL 33496	BOCA RATON FL 33496	BOCA RATON FL 33496			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
				_	03/07/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26		· · · · · · · · · · · · · · · · · · ·	65-0241605		N-	ot Applicable
´ Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional lequired
City & State		City & State						
23		28			Election Campaign Financing     Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		
Zip Country		Zip	\$		8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
SEL	F, C N		1	81 Name				
947	6 FOX TROT LANE			82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
BQ	CA RATON FL 33496							
			]'	B3				
			1	B4 City		FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the ab	 ove-named corp	poration submits this statement for the	ourpose of a	changing i	its registered
	e <b>giste</b> red agent, or <b>b</b> oth, in the State in <b>fam</b> iliar with, and accept the oblig				tion's board of directors. I hereby acce	pt the appo	intment as	registered
SIGNATURE								
	Signature, typed or printed name of registered ag			Agent signature requi	ired when reinstating)	DATE	DIDECTOR	20.101.40
TITLE	PCTD	ID DIRECTORS  DELETE	13.	<u>-                                    </u>	ADDITIONS/CHANGES TO OFFIC		Change	AS IN 12 Addition
NAME	SELF, BETTY A	Otten	1.2 NA	ì			Onlargo	
STREET ADDRESS	9476 FOX TROT LANE			FET ADDRESS				ĺ
CITY-ST-ZIP	BOCA RATON FL			7-\$1-ZIP				
TITLE	S	DELETE	2.1 TITL				Change	Addition
NAME	SELF, CHARLES N	_	2.2 NAN					
STREET ADDRESS	9476 FOX TROT LANE			EET ADDRESS				
City-St-ZIP	<b>BOCA RATON FL</b>			Y-ST-ZIP		•		
TITLE		DELETE	3 1 TITL			1	Change	Addition
NAME			3.2 NAA	AE .				
STREET ADDRESS			3.3 STR	EET ADDRESS				}
CITY-ST-ZIP			3.4. CIT	Y-SI-ZIP				
TITLE		DELETE	4.1 TITL	E		[	Change	Addition
NAME			4. 2 NAI	ME				
STREET ADDRESS			4.3 STR	FET ADDRESS				
CITY-ST-ZIP			4.4 CITY	r-ST- <b>Z</b> IP				
TITLE		☐ DELETE	5.1 TITL	£		]	Change	Addition .
NAME			5.2 NAN	AE				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP			54 CITY	-ST-ZIP				
TITLE		DELETE	6 1 THTL	E	· · · · · · · · · · · · · · · · · · ·	T	Change	Addition
NAME			6.2 NAM	16				
STREET ADDRESS			6.3 STR	EET ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY	r-ST-ZIP				

14. Thereby 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.

NEGIE

1/10/00 /001/042-1097