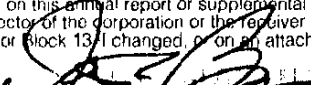


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # G63416 (3)			
1. Corporation Name BASS PROPERTY MAINTENANCE, INC.			
Principal Place of Business 1120 ROYAL PALM BEACH BLVD. SUITE 408 ROYAL PALM BEACH FL 33411		Mailing Address 1120 ROYAL PALM BEACH BLVD. SUITE 408 ROYAL PALM BEACH FL 33411-1607	
2. Principal Place of Business 21 1102 HYDE PARK ROAD Suite, Apt. #, etc. 22 City & State 23 LOXAHATCHEE, FL Zip 24 33470 County 25 PALM BEACH		2a. Mailing Address 26 1102 HYDE PARK ROAD Suite, Apt. #, etc. 27 City & State 28 LOXAHATCHEE, FL Zip 29 33470 Country 30 PALM BEACH	
9. Name and Address of Current Registered Agent BASS, JAMES 1102 HYDE PARK RD. LOXAHATCHEE FL 33470		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BASS, JAMES 1102 HYDE PARK RD. LOXAHATCHEE FL 33470 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P, S, T BASS, JAMES 1102 HYDE PARK RD. LOXAHATCHEE, FL 33470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CLARK, ABNER 10127 PATIENCE LANE ROYAL PALM BEACH FL 33411 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
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. I changed, or on an attachment with an address.			
SIGNATURE: X 		100002161491 -05/01/97--01026--010 ***173.75 4-21-97 561-795-3495	



CR2E034 (9/96)