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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H77679

(9)

SYD BASSIK & ASSOCIATES, INC.

**FILED** Apr 15 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address				hidir dibut dil	IN BIUM BIUM	#1#11 (##)
% SYD BASSIK 2501 SOUTH OCEAN DR. SUITE G. ARCADE HOLLYWOOD FL 33019			·						
HOLEHIOOD	TOLL HOUSE	000.0		i	3. Date Incorporated or Qualified 09/23/1985	•	e of Last F 1/1996	leport	
	lace of Business	2a. Mailing Addre	ess			4, FEI Number		A	plied For
21		26				59-2584486		No	ot Applicable
Suite, Apt 1	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional equired
City & State	0	City & State	<del></del>			6. Election Campaign Financing		\$5.00	Мау Ве
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for Ir	ntangibie t	ax under s	. 199.032,
24	25	29	30	<u> </u>			Yes		
	g. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	isteréd A	gent	
BAS!	SIK, SYD			81	Name				
	I SOUTH OCEAN DR TE G, ARCADE		82 Street Ar		Street Add	ress (P.O. Box Number is Not Acceptable	le)		
	LYWOOD FL 33019			83				—	
,,,,,,				84	City			08 7:-	Cada
				04	City		FL	<b>85</b> Zip	Code
office of its	m tunitar with and accept the of	blingtions of Section 607 (	0506 Florida	a Statutos	trie corpora	· ·			
SIGNATURE	to the provisions of Sections 607, egistered agent, or both, in the S in familiar with, and accept the of Signs re Sizes or polled name of registers					lifed when reinstating)	DATE		
SIGNATURE	Signarize sylvation pointed name of registerer						DATE		
SIGNATURE	Signarize sylvation pointed name of registerer	d agont and title if applicable.	(NOTE: Re	gistered Age		lied when reinstating)	DATE ERS AND		RS IN 12
SIGNATURE.	Signature ityyed or punied name of registerer OFFICERS	d agont and title if applicable. AND DIRECTORS	(NOTE: Re	gistered Age		lied when reinstating)	DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE  12. THEE	Signs we specific printed name of registeral OFFICERS  PD  BASSIK, SYD	d agont and title if applicable. AND DIRECTORS	(NOTE: Re	gistered Age 13. 1.1 TITLE	nt signature requ	lied when reinstating)	DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE.  12. THEE NAME STREEL ADDRESS	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d agont and title if applicable. AND DIRECTORS	(NOTE: Re	gistered Age 13. 1.1 TITLE 1.2 NAME	ni signature requi	lied when reinstating)	DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE.  12. TILE NAME	Signs we specific printed name of registeral OFFICERS  PD  BASSIK, SYD	d agont and title if applicable. AND DIRECTORS	(NOTE: Re	9istered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ni signature requi	lied when reinstating)	DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE.  12. THEE NAME STREEL ADDRESS CITY - ST - 7/P	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d agont and title if applicable.  AND DIRECTORS  DE	(NOTE: Re	9istered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ni signature requi	lied when reinstating)	DATE ERS AND	DIRECTOF Change	RS IN 12
SIGNATURE  12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d agont and title if applicable.  AND DIRECTORS  DE	(NOTE: Re	gistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS	lied when reinstating)	DATE ERS AND	DIRECTOF Change	RS IN 12
SIGNATURE  12. THEE NAME STREEL ADDRESS CITY-ST-70P THEE NAME	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d agont and title if applicable.  AND DIRECTORS  DE	(NOTE: Re	gistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP ADDRESS	lied when reinstating)	DATE ERS AND	DIRECTOF Change	RS IN 12
SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY - ST - 710* TITLE NAME STREEL ADDRESS	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d agont and title if applicable.  AND DIRECTORS  DE	(NOTE: Re	9istered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS T-ZIP ADDRESS	lied when reinstating)	DATE ERS AND	DIRECTOF Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY_ST-716* TITLE NAME STREEL ADDRESS CITY_ST-716* CITY_ST-716*	Signs we special pointed name of registered OFFICERS PD BASSIK, SYD 2501 S OCEAN DR, SUITE	d egont and title if applicable.  AND DIRECTORS  DE	(NOTE: Re	9 stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS T-ZIP ADDRESS	lied when reinstating)	DATE ERS AND	DIRECTOF Change Change	RS IN 12 Additio
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Tam 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 or changed, or on an attachment with an address.

0517064