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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90061 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # J50743

1. Corporation Name  
**FRANK A. BASCIANO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 10502 SPRING HILL DRIVE  
 B  
 SPRING HILL FL 34608  
 US

Mailing Address  
 10502 SPRING HILL DR  
 B  
 SPRING HILL FL 34608  
 US

3. Date Incorporated or Qualified  
**01/01/1987**

4. FEI Number  
**59-2749069** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fees Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**BASCIANO, FRANK A.**  
 10502 SPRING HILL DR  
 STE B  
 SPRING HILL FL 34608

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 *Julie Harris* DATE **3/25/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BASCIANO, FRANK A.	
STREET ADDRESS	11307 ROLAND ST.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BASCIANO, VIOLA B.	
STREET ADDRESS	11307 ROLAND ST.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BASCIANO, JUDITH A.	
STREET ADDRESS	11311 PICKFORD ST.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BASCIANO, FRANK R	
STREET ADDRESS	11311 PICKFORD ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 attachment with an address, with all other like empowered.

SIGNATURE *Frank A. Basciano* DATE **3/24/99** 352-686-3134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)