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Apr 21 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 # J75668 (0)

1. Corporation Name

ASTRA SERVICES, INC.

Principal Place of Business

7634 N.W. 6TH AVENUE
BOCA RATON FL 33487

Mailing Address

7634 N.W. 6TH AVENUE
BOCA RATON FL 33487



2. Principal Place of Business

21 7634 NW 6TH AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 7634 NW 6TH AVE.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL

Zip

24 33487

Country

City & State

28 BOCA RATON, FL

Zip

29 33487

Country

30

9. Name and Address of Current Registered Agent

BASQUILL, EDWARD P
C/O ASTRA SERVICES
1701 W. HILLSBORO BLVD., #307
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

06/03/1987

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2809194

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

10. Name and Address of New Registered Agent

81 Name

82 BASQUILL, EDWARD P.

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

83 C/O ASTRA SERVICES

83

84 7634 NW 6TH AVENUE

84 City

BOCA RATON

FL

85 Zip Code

33487

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME BASQUILL, EDWARD P
STREET ADDRESS 6531 N.W. 57TH LANE
CITY - ST - ZIP PARKLAND FL

TITLE VP ☐ DELETE

NAME SUAREZ, MARCIA
STREET ADDRESS 23325 LAGO MAR CIR
CITY - ST - ZIP BOCA RATON FL

TITLE ST ☐ DELETE

NAME BASQUILL, BARBARA J
STREET ADDRESS 6531 NW 57TH LANE
CITY - ST - ZIP PARKLAND 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 in an attachment with an address.

SIGNATURE:

Edward P. Basquill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 561-988-7808
Date Daytime Phone #

0522995

CR2E034 (9/96)