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

PROFIT CORPORATION ANNUAL REPORT

1999

SABA, RICHARD D

2033 MAIN STREET

Principal Place of Business

1953 - 8TH STREET

SARASOTA FL 34236



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K03459

RICHARD W. BASS ASSOCIATES, INC.

3. Date Incorporated or Qualifed 11/24/1987 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0017711 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

Mailing Address

1953 - 8TH STREET SARASOTA FL 34236

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90049 033 ***150.00



DO NOT WRITE IN THIS SPACE

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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

SARASOTA FL 34237		83					
		84	FL				
office or re	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Flori m familiar with, and accept the obligations of	da. Such change was au	ithorized by	the corporation	oration submits this statement for on's board of directors. I hereby a	the purpose of changing its ccept the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title	f contingely	Deviatored Agent	t signature required	d when reinstating)	. DATE	
12.	OFFICERS AND DIRE	''	13.	(signatora redonoc	ADDITIONS/CHANGES TO		DRS IN 12
ITLE	PST	☐ DELETE	1,1 TITLE			☐ Change	Addition
IAME	BASS, RICHARD W.		1.2 NAME				
TREET ADDRESS	1953 EIGHTH STREET		1.3 STREET	ANDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST				
TITLE	DANNOTATE	☐ DELETE	2.1 TITLE			☐ Change	Addition
IAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S		 .	دي يسمو ده	
TITLE		☐ DELETE	31 TITLE			☐ Change	☐ Addition
AME			3.2 NAME				
TREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C/TY-S	T-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
IAME .			4. 2 NAME				
TREET ADDRESS			43 STREET	ADDRESS			
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TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
AME			5.2 NAME			•	
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP			5.4 CITY- \$1	ſ-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
AME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST				
14 I hereby o	ertify that the information supplied with this	filing does not qualify for	the exempti	on stated in S	Section 119.07(3)(i), Florida Statu	tes. 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: