

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K57257 (3)

1. Corporation Name

BARE ASSETS, INC.

Principal Place of Business

Mailing Address

529 SOUTHWEST 10TH AVENUE  
FORT LAUDERDALE FL 33312  
US

529 SOUTHWEST 10TH AVENUE  
FORT LAUDERDALE FL 33312  
US



2. Principal Place of Business

2a. Mailing Address

21 1100 SW 8th AVE

26 1100 SW 8th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

24 Zip Country

29 Zip Country

33315

33315

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/06/1989

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0099092

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

GREGOR, WILLIAM  
529 SOUTHWEST 10TH AVENUE  
SUITE 350  
FORT LAUDERDALE FL 33312

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

Signature, typed or printed name of registered agent and title of agent (if applicable)

(NOTE: Registered Agent's signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P  
GREGOR, WILLIAM  
529 SOUTHWEST 10TH AVENUE  
FORT LAUDERDALE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY - ST - ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY - ST - ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY - ST - ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY - ST - ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY - ST - ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY - ST - ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY - ST - ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY - ST - ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY - ST - ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY - ST - ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY - ST - ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY - ST - ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY - ST - ZIP

SIGNATURE: WILLIAM GREGOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 954 764-3209

CR2E034 (3/96)