

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)

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

21 **1100 SW 8th AVE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **1100 SW 8th AVE**

Suite, Apt. #, etc.

22

City & State

23 **FT. LAUDERDALE, FL**

Zip

Country

27 City & State

28 **FT. LAUDERDALE, FL**

Zip

Country

24 **33315**

25

29 **33315**

30

9. Name and Address of Current 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 over registered agent's name and title, if applicable. (NOTE: Registered Agent signature required when re-adding.)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1 TITLE

1 NAME

1 STREET ADDRESS

1 CITY-ST-ZIP

2 TITLE

2 NAME

2 STREET ADDRESS

2 CITY-ST-ZIP

3 TITLE

3 NAME

3 STREET ADDRESS

3 CITY-ST-ZIP

4 TITLE

4 NAME

4 STREET ADDRESS

4 CITY-ST-ZIP

5 TITLE

5 NAME

5 STREET ADDRESS

5 CITY-ST-ZIP

6 TITLE

6 NAME

6 STREET ADDRESS

6 CITY-ST-ZIP

7 TITLE

7 NAME

7 STREET ADDRESS

7 CITY-ST-ZIP

8 TITLE

8 NAME

8 STREET ADDRESS

8 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Gregor*

SIGNATURE AND PSEUDONYM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 954 764-3209
 Duly Notarized

CR2E034 (3/96)