

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

96 FEB 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 63982

1. Corporation Name

BASSWOOD CAPITAL
RESEARCH, INC.

Principal Place of Business

Mailing Address

601 Palm Trail
Delray Beach FL 33483

601 Palm Trail
Delray Beach FL 33483

3. Date Incorporated or Qualified

04 05 90

3a. Date of Last Report

06 25 94

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0189363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRANG CORP
2000 GLADES RD SUITE 402
BOCA RATON FL 33431

81

Name

82

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

83

84

City

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P/D/T
WALTER LINDA
601 Palm Trail
Delray Beach FL 33483

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VIRGINIA LINDA
DECEASED 5/10/94

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

8/26/94 admin. div. was due
to a processing error. Should
corporation was returned to
active status with the filing of
this AR and payment of FF
totaling \$600.00. Walt 2/28/96

800001727508

02/29/96 01006 018

****600.00 ****600.00

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)(k), 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.

SIGNATURE:

WALTER LINDA

407 265 0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #