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Mar 10 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 # L91849

(4)

1. Corporation Name:  
BASELESS CORPORATION

Principal Place of Business  
7848 NW 62 ST  
MIAMI FL 32216-353  
US

Mailing Address  
P.O. BOX 930  
NEW HYDE PARK NY 11040-0315

3. Date Incorporated or Qualified  
07/23/1990

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business

21 NONE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 (CORP. INACTIVE)

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
11-3027449

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
8751 W BROWARD BLVD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 required for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME  
MEEHAN, JACK J.  
1075 WOLVER HOLLOW RD  
UPPER BROOKVILLE FL

CITY-ST-ZIP  
DVP  
CONNER, WOODROW  
19456 NW 5 ST  
PEMBROKE PINES FL

TITLE  
NAME  
MADISON, JAMES L  
15 AMALIA LANE  
COMMACK NY

CITY-ST-ZIP  
SD  
LOTITO, ANGELA  
363 WHITE ROAD  
MINELOA NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address.

SIGNATURE:

James L. Madison, Treasurer

3/03/97 (578) 365-2000

CR2E034 (9/96)