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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04219

(5)

MICHAEL G. BASS, P.A.

FILED Jan 28 1997 8:00am Secretary of State



Principal Piac	ge of Business	Mailing Address	Mailing Address			1 10115915 141 Shift) erste 17845 stott son Sibil elat) alat) alat			
C/O MICHAEL G. BASS. ESQUIRE B900 S.W. 107TH AVE. #206 MIAMI FL 33176			C/O MICHAEL G. BASS. ESQUIRE 8900 S.W. 107TH AVE. #208						
						3. Date Incorporated or Qualified 08/21/1984		ite of Last R 22/1996	leport
2. Principa f 21	Place of Business	2a. Mailing Address 26				4. FEI Number 59-2508965		<del></del>	oplied For ot Applicab
Suile, Apt	, #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	to	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Gountry 25	Zip 29	Count	try		This corporation has liability for in Florida Statutes	ntangible Yes [		. 199.032,
ł	9, Name and Address of Curre		[30]			10. Name and Address of New Reg			
BASS, MICHAEL G., ESQ.					Name		S,	<del></del>	
8900 S.W. 107 AVE. #206			Ā	12	Street Addre	ess (P.O. Box Number is Not Acceptab	(a)	<del></del>	
MIA	NMI FL. 33176		Ľ	-	Juleot Addre	ssa (1.0. box Number la Not Acceptab			
			8	33					_
			E	34	City	<u> </u>	FL	<b>85</b> Zip	Code
		00 1007 1000 El :		_		oration submits this statement for the p			<del></del>
2.	Signature 1,5 - 10 printed name of registered as OFFICERS AN	DELETE	13.			ad when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	RS IN 12
IFILE NAME	BASS, MICHAEL G.	□ becce	1.1 TITU 1.2 NAM					unange	L Addit
nmivie Street address	DOOD CILL ANY AVE ADDO				ADDRESS				
Dity - St - Zip	MIAMI FL		1.4 CITY		ì				
Mtí	D	DELETE	2.1 TITU	E				☐ Change	Addi
AM:	BASS, MICHAEL, G 8900 S.W. 107 AVE #208		2.2 NAM						
STREET ADDRESS	MIAMI FL				ADDRESS				
CITY - ST - ZIP TITLE	777	DELETE	2. 4 CIT 3.1 TITL		ir-zir			☐ Change	Addi
VAME			32 NAM	1E					
STREET ADDRESS			3 3 STRI	EET	ADDRESS				
CITY-ST-ZiP		☐ DELETE	3.4. CIT	$\overline{}$		Employers by the contract of the contract		Change	☐ Addit
VAME			4. F REE					tara Crimings	
STREET ADDRESS			1		ADDRESS				
CITY - ST - ZIP			4.4 CiTY						
MLE		DELETE	517111					Change	Addit
IAME			5.2 NAN						
TREET ADDRESS			- L		ADDRESS				
DITY ST-ZIP FILE		DELETE	5.4 CITY 6.1 TITE		1 - ZIP			Change	Addi
NAME			6.2 NAM						
STREET AUDRESS					ADDRESS				
CITY - S1 - 7/P			S 4 CITY	/_c	T- 71P				

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 composition or new economic receiver or truete 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

e Phone #