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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90189 001 ***150.00

DOCUMENT # P18150					04-30-1999 90189	001 ***130.0	U
1. Corporation	on Name				{		
BASS MANAGEMENT SERVICES, INC.							
				•		######################################	HEN 41811 1861
}						Rigil diali dini didi. Nama	
Principal Plac	e of Business	Mailing Address			- r centibol int then luint isoni ditii onii	aratt Bibit Afast Bibit 1	1011 91911 1001
THREE RAVINIA DRIVE THREE RAVINIA DRIVE							
SUITE 2900. C/O CORPORATE TAX SUITE 2900. C/O CORI ATLANTA GA 30346-2149 ATLANTA GA 30346-2149			RATE TAX		DO NOT WRITE IN	THIS SDACE	
ATLANTA GA 30346-2149 ATLANTA GA 30346-2149 US					3. Date Incorporated or Qualifed	THIS SPACE	
}					02/25/1988		ĺ
2, Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		<i></i> .	58-1758340	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27 City & State				Fee Re	
City & Stat	ie .	City & State			6. Election Campaign Financing	\$5.00	· .
Zip	Country		Country		Trust Fund Contribution	Added t	o rees
24	25	29	30		 This corporation owes the current ye Personal Property Tax. 	ar intangible Yes	□No
124,	9. Name and Address of Current				10. Name and Address of New Regist		
-			81 Na	me			
· CT CORPORATION SYSTEM				reet Addre	ss (P.O. Box Number is Not Acceptable)	 -	
1200 S. PINE ISLAND ROAD			82 St				
PLANTATION FL 33324			83				
}		•	84 Ci	ty		85 Zip (Code
				<u> </u>		<u>FL </u>	
' office or r	egistered agent, or both, in the State of	f Florida. Such change was	authorized by the o	med corpor corporation	ration submits this statement for the purpor's board of directors. I hereby accept the a	se of changing its appointment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statutes.	·	•		}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required	when reinstating) DA	re .	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ARASI, THOMAS		1.2 NAME	- {			
STREET ADDRESS	THREE RAVINIA DRIVE #2900		1.3 STREET ADDR	RESS			
CITY-ST-ZIP	ATLANTA GA		1.4 C(TY-ST-ZIP	<u> </u>			
TITLE	VD	.∑} DELETÉ	2.1 TITLE			[SChange	Addition
NAME	MACFARLANE, ANDREW	^	2.2 NAME		₹ % 🚁		ĺ
STREET ADDRESS	THREE RAVINIA DR., SUITE 290 ATLANTA GA	U	2.3 STREET ADDR	RESS _ ~	- ~. =	₩	ŧ
CITY-ST-ZIP	DV DV	□ DELETE	2. 4 C/TY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	MACFARLANE, ANDREW	7 x 14	3.2 NAME	Mic	HAEL CORR	Est original]
STREET ADDRESS	THREE RAVINIA DR., SUITE 290	0 .	3.3 STREET ADDR	- 1	THE PERIOD		[
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-ST-ZIP				1
TITLE	VT	☐ DELETE	4.1 TITLE			Change	Addition
NAME	GOODSON, MICHAEL		4. 2 NAME	ROB	ERT J. CHITTY		1
STREET ADDRESS	THREE RAVINIA DR., SUITE 2900	0	4.3 STREET ADDR	RESS			Ì
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		<u> </u>		
TITLE	POETTOOUNIEIDED THOMAS II	☐ DELETE	5.1 TITLE	ł		Change	☐ Addition
NAME	BRETTSCHNEIDER, THOMAS H	•	5.2 NAME	,			{
STREET ADDRESS	THREE RAVINIA DR., SUITE 2900	J	5.3 STREET ADDR	E55			ĺ
CITY-ST-ZIP	ATLANTA GA VS	☐ DELETE	5.4 CITY-ST-ZIP			☐ Change	Addition
NAME	KACENA, JAMES L	☐ NETE(E	6.2 NAME	{			
STREET ADDRESS	THREE RAVINIA DR, SUITE 2900	1	6.3 STREET ADDR	ESS			}
CITY ST. 7/P	ATI ANTA GA		64 CITY-ST-ZIP				•

14. I 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, with all other like empowered.

SIGNATURE:

REQUEES DLANKENSHIP

(770) 604-2000