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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 14 1997 8:00am

Secretary of State

: 1827/82/1/2 1518/2 1518/ 22/1/ 152/1/ 1518/ 1518/ 1618/ 1618/ 1518/ 1518/ 1518/

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300064479 (7)

BASLER, INC.

**SIGNATURE** 

Principal Place	e of Business	Mailing Address	Mailing Address 7960 COLONY CIR N				T YOU INDUITION THE ISSUE THAT SERVI ORIN BOTH EAGIN ONLY BIGGS TORING SAIL HOUR			
7960 COLONY	CIR N	7960 COLONY CIR N								
5-205		5-205								
TAMARAC FL 33321		TAMARAC FL 33321-8310	TAMARAC FL 33321-8310				T			
						3. Date Incorporated or Qualified 09/15/1993 3a. Date of Last Report 08/12/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	plied For	
21		26				65-0437269		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				E. Cartificate of Status Desired		\$8.75 A	dditional	
22		27	27			5. Certificate of Status Desired		Fee Rec	quired	
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country Zip			ſУ		8. This corporation has liability for			199.032,	
24	25		30				T	No		
	9. Name and Address of Cu	rrent Registered Agent		<u> </u>		10. Name and Address of New Re	gistered	Agent		
	iler, susan		8	וי	Name					
796	O COLONY CIR N		82 Street Addre			ress (P.O. Box Number is Not Acceptable)				
5-20	5						,			
TAM	IARAC FL 33321	•	В	3						
			l <sub>R</sub>	4	City			<b>85</b> Zip C	'ode	
			ľ	٦	City		FL		·odo	
agent. La	ni familiar with, and accept the of	bligations of, Section 607.0505, Flo	utnorized rida Statut	es.	the corporation	on's board of directors. I hereby accer	эт тне арр	ioiniment as f	egistered	
	Signature, typics or proceed natics of registeres	ri agent and litto if applicable (NOTE		ger	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TIT.E	PLOID OUGAN	☐ DELETE		1 1 TITLE				Change	Addition	
NAME	BASLER, SUSAN		1.2 NAM	E						
STREET AUDRESS	7960 COLONY CIR N 5-205	)	1.3 STAE	ET /	address [					
CHY-SI-ZiF	TAMARAC FL 33321	DELETE	1.4 CITY		í - ZIP			T Change	Addition	
TITLE		L_J DELETE	2.1 11116					L Change	NOM((()))	
NAME			2.2 NAM					•		
STREET ADORESS					ADDRESS	· • • • • • • • • • • • • • • • • • • •	44			
CITY-ST-ZIP		DELETE	2. 4 CITY	_	T- ZIP			Change	Addition	
TOTLE		□ vereit	3.1 TITLE 3.2 NAME					change	L Addition	
NAME			1		1000E00					
STREET ADDRESS					AODRESS					
City - St - 7IP Title		DELETE	3.4. CITY 4.1 TITLE		1-217			Change	Addition	
NAME	,	C) breeze	4.1 IIIL		-			- vialigo	- 140111011	
NAME STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			4.3 STN							
TITLE		☐ DELETE	5.1 TITLE		1 611			Change	Addition	
NAME			5.2 NAM		1			•		
STREET ADDRESS					ADDRESS					
CITY-S1-7IP			5.4 CITY							
11/LF		DELETE	61 TITLE		·			Change	Addition	
NAME			6.2 NAM		Ì			-		
STREET ADDRESS					ADDRESS					
CHTY-ST-ZIF			6.4 CITY							
14. Ldo herel	by certify that the information sup	plied with this filing does not qualif	y for the e	Xer	mption stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that t	he	
lanian d	ifficer or director of the corporatio	n or the receiver or trustee empow d, or on an attachment with an add	ered to ex- ress.	eçı	ute this report	my signature shall have the same legit as required by Chapter 607, Florida 5	Statujes; a	ind that my na	ame	