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

1996 DOCUMENT #
1. Corporation Name

P93000082994 (3)

BASS	-TECH, II	NC.									
Principal Place	of Business		M	Mailing Address				- [401]80] HU [0]64 JAH 90]]] FQI			DIND HOUSE DEAL SEQU
5616 SW 36 HOLLYWOO	8 STREET DD FL 33023		110	5616 SW 38 STREET HOLLYWOOD FL 33023							
								3. Date incorporated or Qualified 12/06/1993	3a. Date	of Last F 6/12/1	Report 995
2. Principal Pla	ace of Busine	98 s		2a. Mailing Address			4. FEI Number 65-0453161	J	<u> </u>	Applied For	
Suite, Apt. i	#, etc.			Suite, Apt. #, etc.						Not Applicable 5 Additional	
22			27	27			5. Certificate of Status Desired			Required	
City & State	9			City & State				6. Election Campaign Financing \$5.00 May Be			
23 Zip	·····	Country	28	7				Trust Fund Contribution	<u> </u>	Adde	d to Fees
24	ł	Country 25	29	Zip	—	untry		8. This corporation has fiability for in		k under s	199.032,
			of Current Regis	tered Agent	[30]	т		Florida Statutes Yes 10. Name and Address of New Re		cent	
						81	Name	TO. THE STATE OF T	ogiotoieu z	Aour	
	n, margaf	RET M				82	Chanh Adding	ss (P.O. Box Number is Not Acceptable			
	W 38 ST					02	Street Addres	ss (F.O. Box Nurriber is Not Acceptable	e)		
HOTTA	WOOD FL	33023				83					
						84	Citý		FL	85 Zi	p Code
						DVe-n	amed corporat	ion submits this statement for the purp of directors. I hereby accept the appo		nging its i	registered office
TO-THIEL WITH	h, and accep	of the obligation	ns of, Section 607.0	0505, Florida Statutes	S.	-o.p.		or directors. Thereby accept the appe	munent as i	egisteret	agent, ram
SIGNATURE _	Signature, typed o	or printed name of r	egistered agent and title if a	nolicable (NC	Olf: Registerer	Logo	t signature required w	the might had			
12.			ICERS AND DIREC		13.	Pugerio	saginature rectored w	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	DRS IN 12
TILE	PTDC			DELETE	1, 1 T	ITLE		, 123,1010 0,1010 0 0 0 1 1 1	·	Change	Addition
NAME		N, LEO J			1.2 N	AME					
STREET ADDRESS		W 38ST			1.3 \$	TREET .	ADDRESS				
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NAME		v, mangan W 38ST	E1		2.2 N	AME					
STREET ADDRESS		WOOD FL			2.3 \$1	IREET A	ADDRESS				
CITY-ST-7IP	11000	HOOD IL		C I DELETE		TY-ST	1-21P				
NAME				☐ DELETE	3.11		1			Change	Addition
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CITY-ST-ZIP					33.5 34.0		ADDRESS				
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NAME					4.2 N				٠	- Criticity's	
STREET ADDRESS							ADDRESS				
CITY - S1 - ZIP						TY-ST					
TITLE				DELETE	5.11			<u> </u>		Change	Addition
NAME					5.2 NA	WE					
STREET ADDRESS					5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP					5 4 CI	TY - ST	- ZIP				
TITLE				DELETE	6 1 TI	TLE				Change	☐ Addition
NAME					6.2 NA						i
STREET ADDRESS					6.3 ST	AFET A	ODRESS				[
14. I do hereby	certify that the	he information	Supplied with this f	ilina is valuntarily from		TZ-ST		the exemption stated in Section 110.0	7/00/IA - 51- 1	4-0::	147 0

receitly that the information supplied with this tiling 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:

Pres. Leo J. Cowan Res. 4/12/96 954-989-867