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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013315 (4)

1. Corporation Name

BASEHART AND COTTRELL, INC.

Principal Place of Business	Mailing Address
1532 OLD OKEECHOBEE ROAD SUITE 101 WEST PALM BEACH FL 33409	1532 OLD OKEECHOBEE ROAD SUITE 101 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified **02/17/1994**		3a. Date of Last Report **04/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0467634**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD, PHILIP H III 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401	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; typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** NAME **BASEHART, ROBERT E.** STREET ADDRESS **2559 FLAMINGO LAKE DRIVE** CITY-ST-ZIP **WEST PALM BEACH FL 33406**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS **116 Duke Dr** 1.4 CITY-ST-ZIP **Lake Worth, FL 33460**	☐ Change ☐ Addition
TITLE **DVTS** NAME **COTTRELL, ANNA S.** STREET ADDRESS **5373 CANNON WAY** CITY-ST-ZIP **WEST PALM BEACH FL 33415**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DVAS** NAME **BASEHART, BRENDA J.** STREET ADDRESS **2559 FLAMINGO LAKE DRIVE** CITY-ST-ZIP **WEST PALM BEACH FL 33406**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS **116 Duke Dr** 3.4 CITY-ST-ZIP **Lake Worth, FL 33460**	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: *Brenda Basehart* BRENDA BASEHART 3/7/96 (407) 688-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)