

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000023751 (8)

1. Corporation Name

BASILINE MANAGEMENT INC.



Principal Place of Business

Mailing Address

**1471 NW 103RD AVE
PLANTATION FL 33322**

**1471 NW 103RD AVE
PLANTATION FL 33322**

3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **8050 Cleary Blvd**

26 **8050 Cleary Blvd**

22 Suite, Apt. #, etc.
503

27 Suite, Apt. #, etc.
503

23 City & State
Plantation, FL

28 City & State
Plantation, FL

24 Zip **33324** 25 Country **USA**

29 Zip **FL 33324** 30 Country

4. FEI Number
65-0487581

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

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

**CHANG, PYA
1471 NW 103RD AVE
PLANTATION FL 33322**

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 of Registered Agent (if not the same as the corporation's registered agent, it is not applicable)

(NOTE: Registered Agent's signature required at all times)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **VP**
 STREET ADDRESS **CHANG, CHRISTOPHER A**
 CITY-STATE-ZIP **1471 NW 103RD AVE
PLANTATION FL 33322**

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME **P**
 STREET ADDRESS **CHANG, PYA C**
 CITY-STATE-ZIP **1471 NW 103RD AVE
PLANTATION FL 33322**

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME **S**
 STREET ADDRESS **MACK, SHANA**
 CITY-STATE-ZIP **1471 NW 103RD AVE
PLANTATION FL 33322**

31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-STATE-ZIP

TITLE ☒ DELETE
 NAME **T**
 STREET ADDRESS **COPE, MITCHELL**
 CITY-STATE-ZIP **66 PYA ROAD
PORTLAND MA**

41 TITLE ☒ Change ☐ Addition
 42 NAME **Treas.**
 43 STREET ADDRESS **Adam Mack**
 44 CITY-STATE-ZIP **66 Pya Road
Portland, Maine**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-STATE-ZIP

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 617, 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

6-4-96

(905) 494-1447

CR2E034 (3/96)