

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -5 PM 2:13

DOCUMENT # P94000050706 (8)

1. Corporation Name
BASCOM CORPORATION

Principal Place of Business
**2282 BLOSSOMWOOD DR.
OVIEDO FL 32765**

Mailing Address
**2282 BLOSSOMWOOD DR.
OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
N/A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAI, BETTY
2282 BLOSSOMWOOD DR.
OVIEDO FL 32765**

81 Name	/
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAI, BETTY	1.2 NAME	
STREET ADDRESS	2282 BLOSSOMWOOD DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32765	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWAN, ANNA	2.2 NAME	
STREET ADDRESS	10132 BOYNTON PLACE CR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	2.4 CITY - ST - ZIP	
TITLE	/	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	3.2 NAME	
STREET ADDRESS	/	3.3 STREET ADDRESS	
CITY - ST - ZIP	/	3.4 CITY - ST - ZIP	
TITLE	/	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	4.2 NAME	
STREET ADDRESS	/	4.3 STREET ADDRESS	
CITY - ST - ZIP	/	4.4 CITY - ST - ZIP	
TITLE	/	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	5.2 NAME	
STREET ADDRESS	/	5.3 STREET ADDRESS	
CITY - ST - ZIP	/	5.4 CITY - ST - ZIP	
TITLE	/	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	6.2 NAME	
STREET ADDRESS	/	6.3 STREET ADDRESS	
CITY - ST - ZIP	/	6.4 CITY - ST - 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)(g), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Lai **BETTY LAI, Director** 1-6-95 (407)359-0912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR