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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000069943 (6)

1. Corporation Name
BASHANT ENTERPRISES, INC.

Principal Place of Business 50 SOUTH EAST KINDRED STREET SUITE 107 STUART FL 34994	Mailing Address 50 SOUTH EAST KINDRED STREET SUITE 107 STUART FL 34994
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report
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2. Principal Place of Business 21 1001 SEAWAY DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 1001 SEAWAY DR Suite, Apt. #, etc.	4. FEI Number 65-0522874	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 FORT PIERCE, FL Zip Country 24 34949 25 ST. LUCIE	27 City & State 28 FORT PIERCE, FL Zip Country 29 34949 30 ST. LUCIE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**KOHL, N. DEAN JR.
50 SOUTH EAST KINDRED STREET
SUITE 107
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name **WILLIAM N. BASHANT**
82 Street Address (P.O. Box Number is Not Acceptable)
1001 SEAWAY DRIVE
83
84 City **FORT PIERCE** FL 85 Zip Code **34949**

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 officer 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 William Bashant - President DATE 5/12/95
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		1.1 TITLE	PR-513747/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	WILLIAM N. BASHANT JR.
STREET ADDRESS		1.3 STREET ADDRESS	1001 SEAWAY DRIVE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	FT. PIERCE, FL 34949
TITLE		2.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SANDRA J BASHANT
STREET ADDRESS		2.3 STREET ADDRESS	1001 SEAWAY DRIVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	FT. PIERCE, FL 34949
TITLE		3.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT BASHANT
STREET ADDRESS		3.3 STREET ADDRESS	8706 CHANDLER FOREST CIRCLE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	LAWRENCE, MD
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	8/7/95
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 110.07(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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Bashant william bashant 4/30/95 4074671988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #