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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B Morthain
Secretary of State

PHYSICAL OF CORPORATIONS

1996 DIVISION OF CORPORATIONS			s	
DOCU	MENT # P940	00093013 ((8)	
1. Corporatio	on Name BAS TRANSPORTATION GI	•	. • ,	
	THE THREE CHILDREN	1001 ; 1110.		I ATOMOGRA DIR ARAM RISIN RERIY BARIY BARIK RINIK REMAR DINIK BORIK DIRAK ANA MARA
Principal Place	e of Business	Mailing Address		
2045 LAWSO	ON ROAD	POST OFFICE BOX	14907	
CLEARWATE	IR FL 34623	CLEARWATER FL 3- US		
		US		Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pf	face of Business	2a. Mailing Address		12/27/1994 04/11/1995
21		26 26		APPLIED FOR 59-3291184 Applied For Not Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$9.75 Additional
Crty & State	e	City & State		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Zip	Country	Zφ	Country	Added to Fees This corporation has liability for intangible tax under s 199.032,
24	9. Name and Address of Curre	29 29 Acent	[30]	Florida Statutes
	St	aut Ledistalen Wash	81 Na	10. Name and Address of New Registered Agent
	AARON J		[]	
	ST BAY STREET		82 Str	reet Address (P.O. Box Number is Not Acceptable)
TAMPA I	FL 33606		83	
			84 Cit	
11. Pursuant t	to the provisions of Sections 607.05/	02 and 607 1508. Florida Stat	1 1	E l los zip code
or registere familiar wit	red agent, or both, in the State of Flo th, and accept the obligations of, Sec	orida. Such change was autho	rized by the corporation	ed corporation submits this statement for the purpose of changing its registered office on's board of directors. Thereby accept the appointment as registered agent. Lam
SIGNATURE	•			
12.	Signature, typed or printed name of registered ago. OFFICERS At	ent and little if applicable (alther recovers with on remotiving DATE
TIFLE	D OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CAMBAS, NICHOLAS A		1.2 NAME	Change Addition
STREET ADDRESS	P.O. BOX 14907 N/A		1.3 STREET ADDRE	888
CiTY-ST-ZiP	CLEARWATER FL 34629		1.4 CITY- ST- ZIP	
TITLE NAME	i	☐ DELETE	2 1 TITLE	Change Addition
STREET ADDRESS	I		2.2 NAME	
CITY-ST-ZIP	1		2.3 STREET ADORE	:SS
TITLE		☐ DELETE	2 4 CHY ST-ZIP 3 1 THILE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	ESS
CITY-ST-ZIP TITLE		- Fi belett	3 4 CITY - ST - ZIF	
NAME		☐ DELETE	4. 1 Title	Change Addition
STHEET ADDRESS			4.2 NAME 4.3 STREET ADURES	co
CHY-ST-ZIP			4.4 City ST-ZIF	22
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRES	SS
CITY-ST-ZIP Tille		DELETE	5 4 CHY - ST - ZIP	
NAME		T better	6 THILE	-04/02/9601010051 ^{crange} - Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRES	***200.00
DITY-S1-ZIP		. game we amount	6.4 (*) TV - \$1 - 7 IP	
14. I do hereby a certify that t'	certify that the information supplied the information indicated on this appropriate	with this filing is voluntarily fun	nished and does not d	quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath: that La	am an officer or director of the corpo Block 12 or Block 13 if changed, at o	or the receiver of truste	than 1670/11s true and	quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further laccurate and that my signature shall have the same logal effect as if made under cute this report as required by Chapter 607, Florida Statutes; and that my name

MICHALLA A CANTA 3-19-94 (\$13)

PIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHALLA A CANTA 3-19-94 (\$13)

Day 10-44 (\$13)

Day 10-44 (\$13)

Day 10-44 (\$13)