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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000032340 (8)

1. Corporation BASS Principal Place 4357 REAVE	MATERIALS CORPORATION e of Business	Mailing Address				
4357 REAVES RD. KISSIMMEE FL 34746 KISSIMMEE FL 34746 KISSIMMEE FL 34746						
				Date Incorporated or Qualified	- I	
				04/21/1995	3a. Date of Las	st Report
	lace of Business	2a. Mailing Address		4. FEI Number	1 "/"	Applied For
Suite, Apt.	# etc	26		69-33186242		Not Applicable
22	n, 000.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
City & State	е	City & State		6. Election Campaign Financing		ee Required
:3		28		Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax unde	rs 199.032.
4	9. Name and Address of Curr	29	30	Florida Statutes Yes	s 🗌 No	- · · · · · · · · · · · · · · · · · · ·
	5, Name and Address of Com	ent Registered Agent	B1 Nante	10. Name and Address of New I	Registered Agent	
BERLIN.	WENDY		200 CE	s. H. Quinkon		
4357 REAVES RD.			82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)	
KISSIMA	MEE FL 34746		83			
			84 City			
			84 City		85	Zip Code
 Pursuant to or register 	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the pu	FL 63	ts registered office
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable. (NO		oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing it pointment as register	ts registered office red agent. I am
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS A	ont and little if applicable. (NO ND DIRECTORS	es, the above named corporation's book of the corporation's book of the corporation's book of the corporation and the corporat	red wher reinstalings	urpose of changing it pointment as register	
SIGNATURE _ 12.	Signature, typed or printed name of registered age OFFICERS A	nt and little if applicable. (NO	TE: Fiogistered Agent signature required 13.		urpose of changing it pointment as register	TORS IN 12
SIGNATURE: _ 12. IITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD BASS, TRACY	ont and little if applicable. (NO ND DIRECTORS	TE: Fegistered Agent signature requirements 13. 1.1 Title 12 NAME	red wher reinstalings	prose of changing it cointment as register DATE FICERS AND DIREC	TORS IN 12
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (401)847-2914