FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036575 (5)

BAS INTERIORS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 160 N.W. 11TH STREET 160 N.W. 11TH STREET **BOCA RATON FL 33431** BOCA RATON FL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0578854 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campalgn Financing **\$5.00** May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCRAE, MITCHELL T 2255 GLADES ROAD, SUITE 405 E. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Addition 1.1 TITLE Change NAME MEISTER, SUSAN D 1.2 NAME 17604 LAKE PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME MIESTER, DAVID J 2.2 NAME 1760 LAKE PARK RD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE ■ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TOTLE ☐ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

112/98 56/3953270