

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

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Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000058660 (7)**

1. Corporation Name  
**BASS/POINCIANA PLAZA, INC.**

Principal Place of Business <b>3412 DUCK AVENUE KEY WEST FL 33040</b>	Mailing Address <b>3412 DUCK AVENUE KEY WEST FL 33040-4427</b>
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2. Principal Place of Business		2a. Mailing Address <b>c/o Nisivoccia</b>		3. Date Incorporated or Qualified <b>07/11/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. <b>5 Emery Avenue</b>		4. FEI Number <b>22-3454077</b>		Applied For Not Applicable	
22. City & State		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. <b>Randolph, NJ</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. <b>07869</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. Country		30. <b>Morris</b>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GEDMIN, ROBIN R</b> <b>500 FLEMING ST</b> <b>KEY WEST FL 33040</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BASS, HOWARD</b>			1.2 NAME	<b>Bass, Howard</b>		
STREET ADDRESS	<b>POST OFFICE BOX 5075</b>			1.3 STREET ADDRESS	<b>Box 5078 N/A</b>		
CITY-ST-ZIP	<b>ASPEN COLORADO</b>			1.4 CITY-ST-ZIP	<b>Aspen, Colorado 81612</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	<b>Bodner, Michelle</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>Box 5078 N/A</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<b>Aspen, Colorado 81612</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	<b>Nisivoccia, Raymond</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>41 High Avenue</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>Randolph, NJ 07869</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	<b>Nisivoccia, Katherine</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>41 High Avenue</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>Randolph, NJ 07869</b>		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: ☒ **RAYMOND NISIVOCIA** **4/15/97** **201-328-1825**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ATTACHMENT TO ANNUAL REPORT  
FOR UNDELIVERABLE MAIL ADDRESS

BASS, HOWARD  
603 MT. LAUREL DRIVE  
ASPEN, COLORADO 81611

BODNER, MICHELLE  
603 MT. LAUREL DRIVE  
ASPEN, COLORADO 81611