


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

FILED  
May 15 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000098366 (3)

1. Corporation Name  
**BASTON DESIGN, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>206 NORTH MACDILL AVENUE<br/>TAMPA FL 33609</b> | Mailing Address<br><b>206 NORTH MACDILL AVENUE<br/>TAMPA FL 33609-1524</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/05/1996</b>   | 3a. Date of Last Report  |
| 4. FEI Number<br><b>APPLIED FOR</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>403 S. HABAWA AVE.</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>403 S. Habana Ave</b><br>Suite, Apt. #, etc. |
| 22 City & State<br>23 <b>TAMPA FL</b>   | 27 City & State<br>28 <b>TAMPA, FL</b>                                    |
| 24 Zip <b>33609</b> Country <b>USA</b>  | 29 Zip <b>33609</b> Country <b>USA</b>                                    |

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

|   |  |
|---|--|
| 81 Name   | 10. Name and Address of New Registered Agent |
| 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83  |  |
| 84 City   | 85 Zip Code                                  |
|   | <b>FL</b>                                    |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TRAINA, JOSEPH JR.</b>            | 1.2 NAME  | <b>TRAINA, JOSEPH JR.</b>  |
| STREET ADDRESS             | <b>206 NORTH MACDILL AVENUE</b>      | 1.3 STREET ADDRESS                                    | <b>403 S. HABAWA AVE.</b>  |
| CITY-ST-ZIP                | <b>TAMPA FL 33609</b>                | 1.4 CITY-ST-ZIP                                       | <b>TAMPA, FL 33609</b>   |
| TITLE                      | V <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME                       | <b>TRAINA, JOSEPH SR.</b>            | 2.2 NAME  |  |
| STREET ADDRESS             | <b>206 NORTH MACDILL AVENUE</b>      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TAMPA FL 33609</b>                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |                                      | 3.2 NAME  |  |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 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                      | <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                                       |  |

**500002191925  
-05/27/97--01110--029  
\*\*\*165.00**

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:  **JOSEPH TRAINA JR.** 4/20/97 813-353-8088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007361

CR2E034 (9/96)