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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063980 (1)

BASURA REY, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1219 NW 22 AVENUE 1219 NW 22 AVENUE CAPE CORAL FL 33993 CAPE CORAL FL 33993 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0775803 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOUGLAS, JANET L 1219 NW 22 AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33993 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CRZE034 (10/97 13. Change TITLE DELETE 1.1 TiTLE DOUGLAS, THOMAS E NAME 1.2 NAME **1219 NW 22 AVENUE** STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33993 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DOUGLAS, JANET L 2.2 NAME **1219 NW 22 AVENUE** STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33993 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 11TLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET AODRESS STREET ADORESS CITY-ST-ZIP 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 trusted 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.

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