

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063980

1. Corporation Name
BASURA REY, INC.

Principal Place of Business
1219 NW 22 AVENUE
CAPE CORAL FL 33993

Mailing Address
1219 NW 22 AVENUE
CAPE CORAL FL 33993

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/24/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0775803
City & State 23	City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution
Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No
9. Name and Address of Current Registered Agent DOUGLAS, JANET L 1219 NW 22 AVENUE CAPE CORAL FL 33993		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	D	□ DELETE	1.1 TITLE □ Change □ Addition
NAME	DOUGLAS, THOMAS E		1.2 NAME
STREET ADDRESS	1219 NW 22 AVENUE		1.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33993		1.4 CITY-ST-ZIP
TITLE	D	□ DELETE	2.1 TITLE □ Change □ Addition
NAME	DOUGLAS, JANET L		2.2 NAME
STREET ADDRESS	1219 NW 22 AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33993		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
TITLE		□ DELETE	4.1 TITLE □ Change □ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		□ DELETE	5.1 TITLE □ Change □ Addition
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
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:  Thomas E. Douglas 4-20-99 941-283-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

FLREC94