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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076983 (0)

BASMIN CORPORATION

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



Thiopart lace of Econoss		Walling Flad 600			
8850 HILLTOP DRIVE NEW PORT RICHEY FL 34654		9850 HILLTOP DRIVE NEW PORT RICHEY FL 34654			
HEN FORT R	IONET TE SHOOT	TEST TOTAL MODILET TE GA	5	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				09/04/1997	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6423	b Lambert hane	26 6423 Lam	bert Lane	<i>5</i> 9-3473443	Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · ·	Suite, Apt. #_etc.	VCI C PACING		\$8.75 Additional
22 New	Port Richey	27 New Port	Richey	5. Certificate of Status Desired	Fee Required
City & State	و۔ ما	City & State	<i>ب</i>	Election Campaign Financing	\$5.00 May Be
23	<u>la, </u>	28 FLA		Trust Fund Contribution	Added to Fees
Zip 24 346	Country	^{7φ} 34652	Country 30 USA	8. This corporation owes or has paid the cu	
24 346	52 25 USA		30 USA		Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
DAVIS, GARY L 81 Name					
	26 ŜTATE ROAD 54	idress (P.O. Box Number is Not Acceptable)			
8/28 STATE HUAU 54 SUITE E 82 Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY FL 34653					
710	77 1 2777 (1107)21 7 2 3 1000				
			84 City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named co	progration submits this statement for the purpose of	of changing its registered
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 agon and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature typed or printed name of registered agent			ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 13
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHAINGES TO OFFICERS AIN	Change Addition
TITLE	PSD	Offer			C Strainge C Addition
NAME	BASTIEN, THOMAS W		1.2 NAME		
STREET ADDRESS	6520 CORBIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34853		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MINICHINO, MICHAEL A		2.2 NAME		
STREET ADDRESS	9850 HILLTOP DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		2. 4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
					j
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
=:		T DECEM			change nontion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1 0b 1 4200
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	e ^t .		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		
:			1		
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information
t±' ((uò i o O) (sering that the imprination supplied with	Tand ming doos not quality for	are excimplion agree	The course of the control of the con	and the month and

4. I hereby certify that the information supplied with this filing does not quality 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.

Thomas On Roots en

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