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

**FILED** May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000102123 (1) BASKIN IN THE SUN INTERNATIONAL, INC. Principal Place of Business Mading Address 1855 S KANNER, SUITE 6 1855 S KANNER, SUITE 6 STUART FL 34995 STUART FL 34995 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 8890 Coral Way 65-08/7033 88 go Coral Way Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired #220 #220 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami 61\_ Miami Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intancible 33165 USA 33/65 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARL DILLEY LITTMAN, MICHAEL A 1855 S KANNER, SUITE 6 Street Address (P.O. Box Number is Not Acceptable) 82 STUART FL 34995 83 # 220 Miami 11. Pursuant to the previsions 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 Suite of Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the ophysitions of Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required which reinstating) OFFICERS AND PIHECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change TITLE 1.1 TITLE Carl Dilley LITTMAN, MICHAEL A NAME 1.2 NAME 7790 SW 144445+ 1855 S KANNER, SUITE 6 STREET ADDRESS 1.3 STREET ADDRESS STUART FL 34995 FL 33158 CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE Lisa Mitchell NAME 2.2 NAME cero coint way #220 STREET ADDRESS 2.3 STREET ADDRESS Miami FL 33/65 CITY-ST-ZIP 2. 4 CITY - \$1 - 7(P DELETE Addition TITLE 3 1 11TLF Change NAME 3.2 NAME Frank Horwich 8890 Conel way STREET ADDRESS 3.3 STREET ADDRESS 34 CHY-ST-ZIP CITY-ST-ZIP DFLETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 5.1 TITLE

14. Thereby 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Change

noitibhA

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP