Secretary of State

06-29-1999 90008 048 ***550.00

85

Zip Code

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

PROFIT CORPORATION ANNUAL REPORT

1999

8890 CORAL WAY

STE 220 MIAMI FL 33165



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000102123**1. Corporation Name

BASKIN IN THE SUN INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address			1 (1881) BB (18 181)) 1881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881 1 881			
8890 CORAL WAY 220 MIAMI FL 33165		8890 CORAL WAY STE 220 MIAMI FK 33165			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
					12/01/1997			
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0817033	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	- 11		
Zip	Country 25	Zip 29	Country 30	/	This corporation owes the current year Personal Property Tax.	r Intangible ⊠ Yes □ No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
DILLE	Y, C		81]	(D.O. D. Markaria Managerialia)			

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.

84

City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature n	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTOR	S IN 12
TITLE	Р	DELETE	1,1 TITLE	P	Change	☐ Addition
NAME	DILLEY, C		1.2 NAME	Oilley, C	Oc. #317	
STREET ADORESS	7790 SW 144TH ST		1.3 STREET ADDRESS	6901 Edgewater		
CITY-\$T-ZIP	MIAMI FL 33.15		1.4 CITY-ST-ZIP	Coral Gables,		
TITLE	· S	DELETE	2.1 TITLE	5 , ,,	Change	Addition
NAME	MITCHELL L		2.2 NAME	Mitchell , L	c.L	
STREET ADDRESS	85980 CORAL WAY, 220		2.3 STREET ADDRESS	324 Palmetto	<i>64.</i>	
 City-St-Zip	MIAMI FL' 33165		2.4 CITY-ST-ZIP	Oviedo . Fl	32765	
TITLE		DELETE	3.1 TITLE	T	Tale hongo	Addition
NAME	HORNICH,-F		3.2 NAME	Horwich, F 800 5. Jackson	n 5t, \$ 100	
STREET ADDRESS	8490 CORAL WAY, 220		3.3 STREET ADDRESS	800 5. Jackson	n of , - 100	
CITY-ST-ZIP	MIAMI FL 33165		3.4. CITY-ST-ZIP	Denver CO	80209	
TITLE		DELETE	4.1 TITLE	1)	☐ Change	Addition
NAME			4. 2 NAME	Mitchell, 0	•	
STREET ADDRESS			4.3 STREET ADDRESS	6929 Kenfig.	Ur.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Falls Church.	<u>VA 22042</u>	
TITLE] DELETE	5.1 TITLE	_ ,	☐ Change	Addition
NAME			5.2 NAME			
STREET ADORESS	·		5.3 STREET ADDRESS			
CITY-ST-ZIP⊋∰			5.4 CITY-ST-ZIP			
TITLE 🔌	\$\dd{1}] DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME 55.5	CHERONIC		6.2 NAME			
STREET ADORESS	**;		6.3 STREET ADDRESS			
OVE / OT 715			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:

