

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S31861 (5)

1. Corporation Name

B A S CONSULTING, INC.

Principal Place of Business

**4000 HOLLYWOOD BLVD
STE 710N
HOLLYWOOD FL 33021
US**

Mailing Address

**1501 NW 99 AVE
PLANTATION FL 33322-4251
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1991

3a. Date of Last Report

02/02/1994

2. Principal Place of Business

2a. Mailing Address

21 300 S. PINE ISLAND ROAD

26

4. FEI Number

65-0241605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 261

27

City & State

City & State

23 Plantation FL

28

Zip Country

Zip

Country

24 33324

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOATWRIGHT, WILLIAM L.
1501 NW 99TH AVENUE
PLANTATION FL 33322**

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

William L. Boatwright President

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
BOATWRIGHT, WILLIAM L.
1501 N. W 99 STREET
FT. LAUDERDALE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**VP
BOATWRIGHT, WILLIAM
1501 NW 99 AVENUE
PLANTATION, FL 33322**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
BOATWRIGHT, WILLIAM
1501 NW 99 AVENUE
PLANTATION, FL 33322**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**T
BOATWRIGHT, WILLIAM
1501 NW 99 AVENUE
PLANTATION, FL 33322**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
BOATWRIGHT, WILLIAM
1501 NW 99 Ave
PLANTATION, FL 33322**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**S
BOATWRIGHT, WILLIAM
1501 NW 99 Ave
PLANTATION, FL 33322**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP**

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

**9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

William L. Boatwright President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

(305) 370-7988

Daytime Telephone