

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:28

DOCUMENT # S67930 (5)

1. Corporation Name

BSA CORPORATION

Principal Place of Business

200 W CAMINO REAL
BOCA RATON FL 33432
US

Mailing Address

200 W CAMINO REAL
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1991	3a. Date of Last Report 02/15/1994
4. FEI Number 65-0272751	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. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

BRANNING, WILLIAM C.
3845 N.W. 4TH COURT
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

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]

1-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	☐ Change ☐ Addition
2. NAME	BRANNING, WILLIAM C	1.2 NAME	
3. STREET ADDRESS	3845 NW 4TH CT	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
5. TITLE	V	2.1 TITLE	☐ Change ☐ Addition
6. NAME	SAVAGE, MICHAEL J	2.2 NAME	
7. STREET ADDRESS	468 NE 30 STREET	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information supplied 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 signed for on an attachment with an address:

SIGNATURE:

[Signature]

NAME AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-11-95

Date (typed) Printed Name