2-18-98 B2266 C 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 # V54669

(9)

BASIC BUILDING SERVICES, INC.

		1,

FILED Feb 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					
			901 PONCE DE LEON BLVD. ORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
6 Dringingt D	lace of Business	1 4 11 14 11 11 11 11 11 11 11 11 11 11				07/31/1992	
21 Principal P	ace or business	2a. Mading Address				4. FEI Number Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				¢0.75	
22		27			5. Certificate of Status Desired		
I City & State		City & State			Election Campaign Financing \$5.00 May Be		
23	T County	28	T			Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Ζιρ 29	30	ıntry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
	g. Name and Address of Current		130			Personal Property Tax due June 30. X Yes I No 10. Name and Address of New Registered Agent	
NP	WCO STRUCTURES, INC.			81	Name		
2901 PONCE DE LEON BLVD.				82	Street	Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134					Sireer	Address (F.O. Dux Nutriber is Not Acceptable)	
				83			
				84	City	B5 Zip Code	
44 Pureuant	to the provisions of Sections 607 05/02	and CO7 1509 Elocida State	doc the e	L l	n nomed	d corporation a horizontal this statement for the survey of the the survey	
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: typod or printed name of registered agent						
12.	OFFICERS AND		13.	d Age	int signature	o required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 1	TLE		▼	
NAME	NEWMAN, EDWARD		1.2 N	AME		ROGER DRUMMOND	
STREET ADDRESS	2901 PONCE DE LEON BLVD		1.3 S	TREET	ADDRESS	1	
CITY-ST-ZIP	CORAL GABLES FL		1.4 C	ITY-S	T-ZIP	CORAL GABLES 33134	
TITLE	V	☐ DELETE	2 1 TI	TLE		☐ Change ☐ Addition	
NAME	NEWMAN, ERIC E		22 N	AME	- 1		
STREET ADDRESS	2901 PONCE DE LEON BLVD		235	reet	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL ST	Doruge			ST-ZIP		
TITLE NAME	NEWMAN, NANCY P	☐ DELETE	31 TI			L Change L Addition	
STREET ADDRESS	2901 PONCE DE LEON BLVD		32 N		ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL				AUUHESS ST-ZIP		
TITLE	V	DELETE	4.1 TI		21 - 471	Change Addition	
NAME	DRUMMOHND, ROGER \$		4. 2 N				
STREET ADDRESS	2901 PONCE DE LEON BLVD		4.3 \$1	TREET	ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		4.4 CI	TY-S	T-ZIP		
TITLE		DELETE	5.1 Ti	TLE	7	☐ Change ☐ Addition	
NAME			5.2 N/				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELFTE	5.4 CI		T-ZIP		
TITLE		L) Detrit	6.1 70			☐ Change ☐ Addition	
NAME STREET ADDRESS			6.2 N/		ADDRESS		
CITY-ST-ZIP		,			ADORESS		
	ertify that the information supplied with	this filing does not qualify	64 CI	mpt	tion state	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

find a leport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an fir or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address