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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF ST

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 390015

(6)

FILED
Jan 21 1998 8:00am
Secretary of State

BASSING COMPANY, INCORPORATED	
Principal Place of Business Mailing Address) ISBNOT BILL BENES BINDI BIBIL DIBER BINDI BENEC LONG
2142 TYLER STREET 2142 TYLER STREET HOLLYWOOD FL 33019 US DO NOT	MOTE IN THE COACE
US US DO NOT 3. Date Incorporated or Qua	WRITE IN THIS SPACE
10/18/1971	inted
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-1364665	Not Applicable
Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desir	ed S8.75 Additional Fee Required
City & State City & State 6. Election Campaign Finance	
23 28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or	nas paid the current year Intangible
24 25 29 30 Personal Property Tax due	
9. Name and Address of Current Registered Agent 10. Name and Address of N	ew Registered Agent
BASSING, DAVID A 2142 TYLER ST 81 Name 2142 TYLER ST	-
HOLLYWOOD FL 33020	ceptable)
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	i
Signature, typed or proted name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating)	DATE
	OFFICERS AND DIRECTORS IN 12
TITLE PU LI DELETE 1.1 TITLE NAME BASSING,DAVID A 1,2 NAME	Charge 1 Addition
STREET ADDRESS 2142 TYLER ST 1.3 STREET ADDRESS	8
CITY-ST-ZIP HOLLYWOOD FL 1.4 CITY-ST-ZIP	ا
TITLE SD DELETE 2.1 TETLE	Change Addition
NAME BASSING, JUDY A . 2.2 NAME	
STREET ADDRESS 2142 TYLER ST 2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 2.4 CITY-ST-ZIP	ļ
TITLE DELETE 3,1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3,3 STREET ADDRESS	
CITY-ST-ZIP 3.4, CITY-ST-ZIP	
TITLE DELETE 4.7 TITLE	Change Addition
NAME 4, 2 NAME	
STREET ADDRESS 4,3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	
1 ■	☐ Change ☐ Addition
NAME 5.2 NAME	Change Addition
STREET ADDRESS 5,3 STREET ADDRESS	U Change
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5,4 GITY-ST-ZIP TITLE DELETE 6,1 TITLE	Change Addition
STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6,1 TITLE NAME 6,2 NAME	
STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5,4 GITY-ST-ZIP TITLE DELETE 6,1 TITLE	

14. I hereby certify that the information supplied with this filling 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 comporation 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 chapted, or on an attachment with an address.

SIGNATURE:

WHE REQUIRED

1-7-98

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