## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 390015

BASSING COMPANY, INCORPORATED

Principal Place of Business Mailing Address 2142 TYLER STREET 2142 TYLER STREET	
2142 TYLER STREET	i Bibli bibli ibbi
HOLLYWOOD FL 33019 US DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed 10/18/1971	. 174
2. Principal Place of Business	pplied For
21 59-1364665	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired	Additional
22 27 Fee F	lequired
	May Be
28 Trust Fund Contribution Added	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	_
24   25   29   30   Personal Property Tax. Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
BASSING, DAVID A	
2142 TYLER ST Street Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33020	
84 City 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this statement for the purpose of changing it	registered
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 it 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 r	registered gistered
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 ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered egistered
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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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  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  TITLE  PD  BASSING,DAVID A  12.NAME  BASSING,DAVID A  12.NAME  STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL  TITLE  SD  DELETE  21.TITLE  SD  DELETE  21.TITLE  SD  DELETE  21.TITLE  Change  BASSING,JUDY A  22.NAME  STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL  TITLE  DELETE  31.TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  A.CITY-ST-ZIP  TITLE  A.CITY-ST-ZIP  TITLE  A.CITY-ST-ZIP  A.CITY-ST-ZIP  A.CITY-ST-ZIP  A.CITY-ST-ZIP  A.CITY-ST-ZIP	DRS IN 12  DRS IN 12  Addition  Addition
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agent.1 am familiar with, and accept the obligations of, Section 67.0505, Florida Statutes.  SIGNATURE    Signature   Signature, typeo or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstation)   DATE	DRS IN 12  DRS IN 12  Addition  Addition
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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 suppliemental 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90025 005 \*\*\*150.00