FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # H81466



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90058 017 ***158.75

B.A.S. S	PECIALTY CARS, INC.								
Principal Place of Business Mailing Address								### ### ##############################	11811 B1911 (84)
1090 SOUTH HIGHWAY 17-92 P.O. BOX 536 LONGWOOD FL 32750 LONGWOOD FL 32752-0536				•			DO NOT WRITE IN T	HIS SPACE #	ı
							3. Date Incorporated or Qualifed 10/15/1985	7	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Ar	plied For
21		26	26				59-2649816	No	t Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
12		27	27				5. Certifcate of Status Desired	Fee Re	equired
City & State	9	City	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	28				Trust Fund Contribution	Added	to Fees
Zip				Zip Country			8. This corporation owes the current year	r Intangible	
24	25	29	29 30				Personal Property Tax.	□Yes	□No
	9. Name and Address of Curre	ent Registere	d Agent		81	Name	10. Name and Address of New Registe	red Agent	· · · · · · · · · · · · · · · · · · ·
	Bahama Road I'er Springs FL 32708				82 83 84	Street Add	iress (P.O. Box Number is Not Acceptable)	- 85 Zip	Code
office or reagent. I as	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. S gations of, Sec	uch change was au tion 607.0505, Flori	ithorized ida Statu	by ti ites.	ne corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	opointment as re	registered gistered
	Signature, typed or printed name of registered a	AND DIRECTO		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS	15.	RS IN 12
12.	DP OFFICERS A	AND DIRECTO	DELETE	1.1 TITI	1 F		ADDITIONS/OFFATOES TO OFFICE IN	Change	Addition
	SMITH, BARBARA ANN			1.2 NA			Market Control		_
NAME	360 BAHAMA RD				_	ADDRESS			
STREET ADDRESS	WINTER SPGS FL						•		
CITY-ST-ZIP	WHITEN OF GO FL		DELETE	1.4 CIT 2.1 TITI		· ZIP .		Change	☐ Addition
TITLE			- DECEME	2.1 IIII					
NAME					_				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			□ DELETE	2. 4 CIT		-ZIP		☐ Change	Addition
TITLE	3. 3rd - 11		☐ DELETE	3.1 TI∏					
NAME	4.5			3.2 NA					
STREET ADDRESS				3.3 STF	REET /	ADDRESS	5 B. L. G. P.	法 小塘城	MANAGE
CITY-ST-ZIP				3.4. CIT	TY-ST	-ZIP	The state of the s	ិ ៖ ស្វែកិច្ចិ	33 2
TITLE		•	☐ DELETE	4.1 TITI	LE			Change	A. Addition
NAME				4. 2 NA	ME		~		-

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 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 attachpent with an address, with all other like empowered. Block 12 or Block 13 it changed, or on an attachment with an address, with a

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME :

407 831-6033

☐ Change .

☐ Change

☐ Addition

☐ Addition