

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90057 030 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K07011

1. Corporation Name
BASSETT BOAT COMPANY

Principal Place of Business 700 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062	Mailing Address 700 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1987	
4. FEI Number 65-0627505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DAVIS, DEBBIE A. 700 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BASSETT, RICHARD R.
STREET ADDRESS	700 N.E. 79TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	O <input type="checkbox"/> DELETE
NAME	DAVIS, DEBBIE A
STREET ADDRESS	700 S. FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director/President Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Treasurer
1.3 STREET ADDRESS	Richard R. Bassett
1.4 CITY-ST-ZIP	700 S. Federal Hwy Pompano Beach, FL
2.1 TITLE	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William H. McGill
2.3 STREET ADDRESS	700 S. Federal Hwy
2.4 CITY-ST-ZIP	Pompano Beach, FL
3.1 TITLE	Vice President/Assistant Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael H. McLamb
3.3 STREET ADDRESS	700 S. Federal Hwy
3.4 CITY-ST-ZIP	Pompano Beach, FL
4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leslie Bahr
4.3 STREET ADDRESS	700 S. Federal Hwy
4.4 CITY-ST-ZIP	Pompano Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)